

**North  
American  
Dräger**



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# Operator's Instruction Manual

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**Narkomed 2C  
Anesthesia System**

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# Narkomed 2C

## Operator's Instruction Manual

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## Section 1

### Introduction

#### **Operator's Responsibility for Patient Safety**

North American Dräger anesthesia products are designed to provide the greatest degree of patient safety that is practically and technologically feasible. The design of the equipment, the accompanying literature, and the labeling on the equipment take into consideration that the purchase and use of the equipment are restricted to trained professionals, and that certain inherent characteristics of the equipment are known to the trained operator. Instructions, warnings, and caution statements are limited, therefore, to the specifics of the North American Dräger design. This publication excludes references to hazards which are obvious to a medical professional, to the consequences of product misuse, and to potentially adverse effects in patients with abnormal conditions. Product modification or misuse can be dangerous. North American Dräger disclaims all liability for the consequences of product alterations or modifications, as well as for the consequences which might result from the combination of North American Dräger products with products supplied by other manufacturers if such a combination is not endorsed by North American Dräger.

The operator of the anesthesia system must recognize that the means of monitoring and discovering hazardous conditions are specific to the composition of the system and the various components of the system. It is the operator, and not the various manufacturers or suppliers of components, who has control over the final composition and arrangement of the anesthesia system used in the operating room. Therefore, the responsibility for choosing the appropriate safety monitoring devices rests with the operator and user of the equipment.

Patient safety may be achieved through a variety of different means depending on the institutional procedures, the preference of the operator, and the application of the system. These means range from electronic surveillance of equipment performance and patient condition to simple, direct contact between operator and patient (direct observation of clinical signs). The responsibility for the selection of the best level of patient monitoring belongs solely to the equipment operator. To this extent, the manufacturer, North American Dräger, disclaims responsibility for the adequacy of the monitoring package selected for use with the anesthesia system. However, North American Dräger is available for consultation to discuss monitoring options for different applications.

## Section 1 Introduction

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### Limitation of Liability

North American Dräger's liability, whether arising from or related to the manufacture and sale of the products, their installation, demonstration, sales representation, use, performance, or otherwise, including any liability based upon North American Dräger's product warranty, is subject to and limited to the exclusive terms of North American Dräger's limited warranty, whether based upon breach of warranty or any other cause of action whatsoever, regardless of any fault attributable to North American Dräger and regardless of the form of action (including, without limitation, breach of warranty, negligence, strict liability, or otherwise).

**North American Dräger shall in no event be liable for any special, incidental, or consequential damages (including loss of profits) whether or not foreseeable and even if North American Dräger has been advised of the possibility of such loss or damage. North American Dräger disclaims any liability arising from a combination of its product with products from another manufacturer if the combination has not been endorsed by North American Dräger. Buyer understands that the remedies noted in North American Dräger's limited warranty are its sole and exclusive remedies.**

**Furthermore, buyer acknowledges that the consideration for the products, equipment, and parts sold reflects the allocation of risk and the limitations of liability referenced herein.**

### Restriction

Federal law restricts this device to sale by, or on the order of, a physician.

### Symbol Definition

The following symbols appear on the label on the back of the Narkomed 2C and are defined below.



CAUTION:

Refer to accompanying documents before operating equipment.

ATTENTION:

Consulter les documents ci-joints avant de faire fonctionner l'appareil.



CAUTION:

Risk of electric shock, do not remove cover. Refer servicing to a North American Dräger qualified technical service representative.

ATTENTION:

Risque de choc électrique, ne pas enlever le couvercle. Ne faire réparer que par un représentant technique autorisé de North American Dräger.



Degree of protection against electric shock: Type B.

Protection contre le risque de choc électrique: Type B.



## Section 1 Introduction

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These additional symbols are used on other locations of the Narkomed 2C to provide quick and easy recognition of product functions.



Oxygen Concentration



Breathing Pressure



Breathing Volume



Audible Alarm Disable

### How This Manual Is Organized

All users of the Narkomed 2C must read this manual completely before using the machine. In order to make this document more convenient for future reference, it has been divided into several independent sections.

*Section 2 - General Description* provides a summary of Narkomed 2C features and functions.

*Section 3 - Daily Checkout* contains the checkout procedures that must be done on a daily basis.

*Section 4 - Preuse Checkout* contains the checkout procedures to be performed between successive cases.

*Section 5 - Operation* has detailed instructions on the use and operation of each functional component of the system.

*Section 6 - Routine Maintenance* provides cleaning, maintenance, and replacement procedures.

*Section 7 - Specifications* contains the specifications for all system components.

### Conventions Used in This Manual

This manual has been set up with several conventions to help organize the information contained in it. Please read about these conventions carefully so that you understand their significance in the manual.

#### Typefaces

Different typefaces are used throughout the manual to differentiate between narrative information and machine messages and labels.

## Section 1 Introduction

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### Warnings and Cautions

All parts of this manual contain warning and caution statements about the Narkomed 2C.

- *Warning* statements give important information that, if ignored, could lead directly to a patient's injury.
- *Caution* statements give important information that, if ignored, could lead directly to equipment damage and, indirectly, to a patient's injury.

### General Warnings and Cautions

The following list of warnings and cautions apply to general operation and maintenance of the Narkomed 2C. Warnings and cautions about installing and operating specific parts appear with those topics.

**WARNING:** Any person involved with the setup, operation, or maintenance of the Narkomed 2C anesthesia system must be thoroughly familiar with this instruction manual.

**WARNING:** This anesthesia system will not respond automatically to certain changes in patient condition, operator error, or failure of components. The system is designed to be operated under the constant surveillance and control of a qualified operator.

**WARNING:** No third-party components shall be attached to the anesthesia machine, ventilator, or breathing system (except for certain approved exceptions). Contact the North American Dräger technical service department for further information.

**WARNING:** When moving the anesthesia machine, remove all monitors and equipment from the top shelf, remove the absorber system, and use only the machine handles or push/pull bars. The anesthesia machine should only be moved by people who are physically capable of handling its weight. North American Dräger recommends that two people move the anesthesia machine to aid in maneuverability. Exercise special care so that the machine does not tip when moving up or down inclines, around corners, and across thresholds (for example, in door frames and elevators). Do not attempt to pull the machine over any hoses, cords, or other obstacles on the floor.

## Section 1 Introduction

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**CAUTION:** Although the Narkomed 2C is designed to minimize the effects of ambient radio-frequency interference, machine functions may be adversely affected by the operation of electrosurgical equipment or short wave or microwave diathermy equipment in the vicinity.

**CAUTION:** Communications with external equipment may be temporarily affected by electromagnetic interference due to the use of electrosurgical equipment.

**CAUTION:** Do not place sensitive electronic equipment on or adjacent to the display screen.

**CAUTION:** Do not place more than 100 pounds on top of the Narkomed 2C monitor housing.

### Recommendations

In the interest of patient safety, North American Dräger strongly advocates the use of an oxygen analyzer, pressure monitor, and either a volume monitor or an end-tidal CO<sub>2</sub> monitor in the breathing circuit at all times.

Because of the sophisticated nature of North American Dräger anesthesia equipment and its critical importance in the operating room setting, it is highly recommended that only appropriately trained and experienced professionals be permitted to service and maintain this equipment. Please contact North American Dräger's Technical Service Department at (800) 543-5047 for service of this equipment.

North American Dräger also recommends that its anesthesia equipment be serviced at three-month intervals. Periodic Manufacturer's Service Agreements are available for equipment manufactured by North American Dräger. For further information concerning these agreements, contact the North American Dräger Technical Service Department at (800) 543-5047.

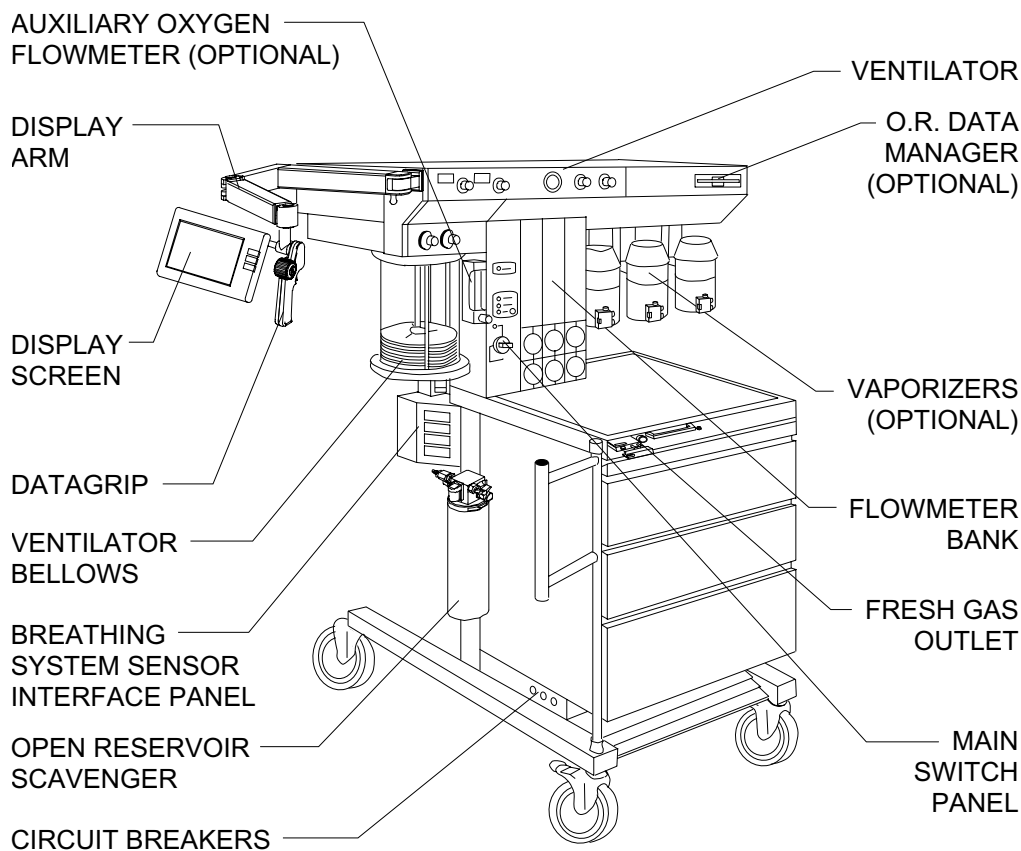
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## Section 2

### General Description

#### Overview

The Narkomed® 2C is a continuous flow anesthesia system. All Narkomed 2C machines are equipped with a monitoring system and pneumatic circuitry for delivering gases and anesthetic vapor. A front view of the Narkomed 2C is shown in the figure below.



#### Gas Delivery System

The pneumatic system can simultaneously deliver up to four gases and one anesthetic agent (from a selection of up to three). Oxygen and nitrous oxide are standard on all Narkomed 2C machines. Optional gases are air and carbon dioxide. Gas is supplied to the system through pipelines and cylinders. Connections for oxygen and nitrous oxide are standard on all machines, and a pipeline connection for air is also available. Gas cylinder yokes are available for up to two oxygen cylinders and two nitrous oxide cylinders, plus one additional cylinder for a third gas.

## Section 2

### General Description

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#### Color Coding

Each connection, valve, gauge, and flowmeter is labeled and color-coded for the appropriate gas, as shown in the table below.

GAS SYSTEM COLOR CODING				
GAS	MARKING	USA	GERMANY	ISO
Air	AIR	Yellow	Yellow	Black/White Checkered
Carbon Dioxide	CO <sub>2</sub>	Gray	Black	Gray
Nitrous Oxide	N <sub>2</sub> O	Blue	Gray	Blue
Oxygen	O <sub>2</sub>	Green	Blue	White

#### Gas Entry Through a Pipeline

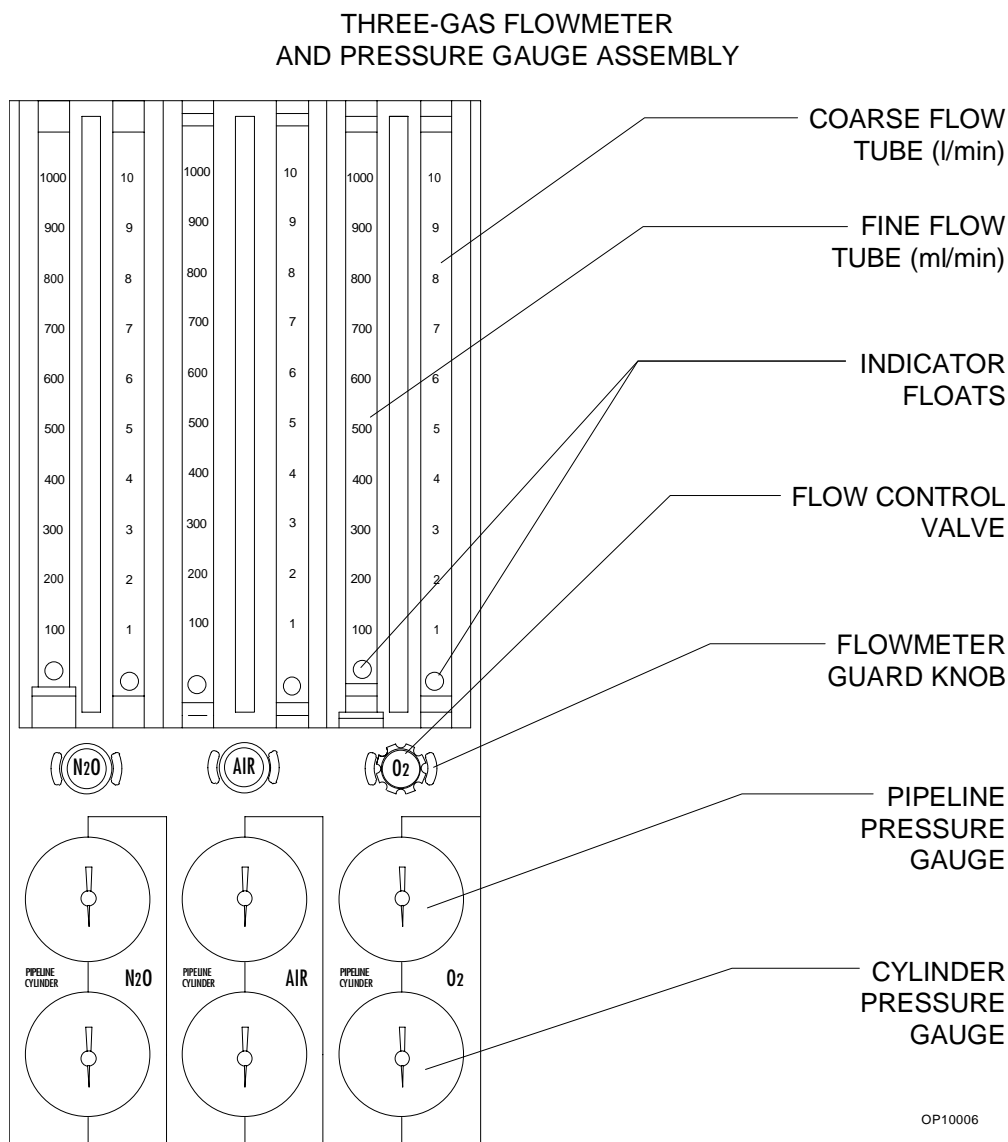
Gas from the hospital pipelines enters the Narkomed 2C through hoses connected to indexed pipeline inlets located on the side of the flowmeter housing. The indexed connector system reduces the risk of delivering the wrong gas to a patient by preventing incorrect connection of gas pipes. The inlets include check valves, which prevent backflow leakage into the atmosphere (when supply hoses are not connected) or into the attached supply hoses (when reserve cylinders are in use). Each pipeline connection is equipped with a filter to prevent foreign material from entering the internal gas piping of the Narkomed 2C. Pipeline gases should be supplied at 50–55 psi.

#### Pipeline Pressure Gauges

Pipeline pressure gauges for oxygen and nitrous oxide are standard. If the anesthesia machine is equipped with air, a pipeline pressure gauge for air is also included. These gauges are located directly below their corresponding flowmeters and flow control valves. They are labeled and color-coded for their respective gases on the flowmeter shield. Concentric scales in psi and kPa indicate the pipeline supply pressure. A typical pressure gauge and flowmeter arrangement is shown in the following figure.

## Section 2

### General Description



When the machine is connected to an active pipeline supply, each gauge should indicate 50–55 psi. A deviation from within this range indicates that the pipeline gas supply system is improperly adjusted and may adversely affect the operation of the Narkomed 2C. For example, a fluctuating pipeline supply pressure would cause a corresponding fluctuation of the gas flow delivered from that pipeline. An excessively low pipeline pressure may activate the corresponding reserve cylinder and deplete its contents (if the reserve cylinder valve was left in the open position).

**CAUTION:** To ensure that gas supplies are at adequate pressure, pipeline pressure gauges should indicate steady pressures of 50–55 psi.

## Section 2

### General Description

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#### Gas Entry Through Cylinder Yokes

The Narkomed 2C can be equipped with a maximum of two oxygen and two nitrous oxide cylinder hanger yokes. An additional yoke for an optional third gas is also available. To prevent a cylinder from being improperly connected, the yokes are labeled, color-coded, and keyed for gas-specific cylinders using the pin-indexed safety system.

A filter within each yoke prevents foreign material from entering the internal gas piping. A check valve in each yoke prevents leakage into the atmosphere if the cylinder is not mounted on the yoke. When the machine is configured with two yokes for the same gas, the check valve prevents movement of gas from one cylinder to the other. If a cylinder is not mounted to a yoke, the attached yoke plug should be placed between the yoke handle's threaded bolt and the yoke's gas inlet.

When attaching a cylinder, make sure that only one washer is installed between the cylinder and the yoke gas inlet. Using multiple washers may compromise the pin-indexed safety system. Be sure to verify the integrity of both index pins whenever you install a new cylinder.

**WARNING:** Check cylinder yokes for the presence of two index pins each time you attach a cylinder to the machine. Use only one cylinder gasket per yoke. Using more than one gasket could cause leakage of the cylinder gas and compromise the pin-indexed safety system.

Cylinders attached to the hanger yokes must contain gas at the recommended pressures outlined in the following table. Replace any cylinders with less than the recommended pressure (psi-min) with full cylinders.

GAS	PSI - FULL*	PSI - MIN*
Air	1900	1000
Carbon Dioxide	838	600
Nitrous Oxide	745	600
Oxygen	1900	1000

\*Indicated pressures are for E-size cylinders at 70° F (21° C).



## Section 2

### General Description

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#### Cylinder Pressure Gauges

Each cylinder gas circuit has a cylinder pressure gauge, located at the bottom of the flowmeter panel on the front of the machine (see the Flowmeter and Pressure Gauge Assembly figure earlier in this section.) Each gauge is labeled and color-coded on the flowmeter housing for its respective gas. When a cylinder's valve is open, its pressure gauge indicates the gas pressure in the cylinder. The dial is marked with concentric scales for psi and kPa. If two reserve cylinders of the same gas are open at the same time, the gauge indicates the pressure in the cylinder having the higher pressure.

For nonliquefied gases (oxygen, air), the indicated pressure is proportional to the gas content of the cylinder. For liquefied gases (nitrous oxide, carbon dioxide), the gauge indicates the vapor pressure of the liquefied gas in the cylinder. This pressure remains constant until all of the liquid in the cylinder has vaporized. When the liquid has vaporized, the cylinder pressure decreases proportionally as gas is removed from the cylinder.

#### Oxygen Supply Pressure Failure Protection Device (OFPD)

The oxygen failure protection device (OFPD) is a pneumatically operated valve that protects the patient in the event of partial or complete oxygen pressure loss. All gas circuits, except the oxygen circuit, are controlled by these valves. OFPD-controlled valves respond to the gas pressure in the oxygen supply line. When oxygen pressure is adequate, the valves open for unrestricted gas flow. When oxygen pressure is reduced or lost, the valves close proportionally to the loss. Controlled gases are restricted or shut down without affecting the oxygen flow.

Gas flow reductions are indicated on the flowmeters. When oxygen supply pressure drops below about 37 psi, an oxygen supply pressure alarm is activated, resulting in the following:

- The Caution message O<sub>2</sub> SUPPLY LOW appears on the central alarm display.
- The red O<sub>2</sub> SUPPLY PRESSURE indicator on the main switch panel lights.
- An intermittent audible alarm sounds.
- A 7-second whistle may sound, depending on the machine's configuration.

**NOTE:** When one source of oxygen pressure (either pipeline or reserve cylinders) fails, but the other source maintains proper supply pressure in the oxygen supply lines, the oxygen supply pressure alarms are not activated.

## Section 2

### General Description

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Flowmeters	<p>Flowmeters, located directly above their corresponding flow control valves, indicate the delivered flow rate of each gas in the fresh gas mixture. Dual flowmeter tubes (fine and coarse) are used in tandem for oxygen, nitrous oxide, and air (if provided). When other gases are supplied, single flowmeter tubes are used. All flowmeters are color-coded and labeled at the lower end of the flowtube. A typical flowmeter arrangement is shown in the Flowmeter and Pressure Gauge Assembly figure earlier in this section.</p> <p>Each flowmeter has a float indicator. To determine the flow rate, read the flowmeter scale at the center of the float.</p>
Low-Flow Flowmeters (Optional)	<p>For low-flow anesthesia, the Narkomed 2C can be configured with low-flow, dual-tube flowmeters for oxygen and nitrous oxide. These flowmeters function the same way as the standard dual-tube flowmeters, but they are calibrated to provide greater resolution for low-flow anesthesia.</p>
Minimum Oxygen Flow	<p>The oxygen dispensing system incorporates a calibrated bypass flow of <math>150 \pm 50</math> ml/min (at 50 psi pipeline pressure), which delivers this volume of oxygen even if the oxygen flow control valve is fully closed.</p>
Flow Control Valves	<p>A needle valve is located below the fine flowmeter tube for each gas. This valve is used to adjust the flow of gas. Turning the valve knob counterclockwise increases flow. Turning the knob clockwise decreases flow. A zero-stop prevents damage to the flow control valve seats. If necessary, a North American Dräger qualified technical service representative can readjust the stop.</p> <p>Each flow control knob is identified by its color code and chemical symbol. The oxygen flow control valve is also touch-coded with a deeply fluted knob.</p> <p><b>CAUTION:</b> The flow of oxygen cannot be completely shut off (see “Minimum Oxygen Flow” earlier in this section). Do not force the oxygen flow control knob in an effort to shut off the minimum flow. Forcing the knob can damage the valve seat.</p>

## Section 2

### General Description

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#### Oxygen Flush

A manually operated, self-closing oxygen flush valve is located on the front of the machine. A bezel is mounted around the pushbutton to prevent accidental engagement. When the valve is actuated, it delivers an unmetered oxygen flow of approximately 55 l/min directly to the Narkomed 2C's fresh gas common outlet. The SYSTEM POWER switch does not have to be in the ON position to use the oxygen flush.

#### Oxygen Ratio Controller (ORC)

The ORC is a pneumatic oxygen/nitrous oxide interlock system designed to maintain a fresh gas oxygen concentration of  $25 \pm 4\%$  and independent control of the oxygen and nitrous oxide flows.

The ORC works by proportionally limiting the nitrous oxide flow whenever the selected oxygen and nitrous oxide flow control valve settings would otherwise result in a hypoxic fresh gas mixture. For example, if you open the nitrous oxide flow control valve excessively without making a corresponding increase in the oxygen flow control valve setting, the flow of nitrous oxide will not increase even though its flow control valve setting has been greatly increased. Similarly, if you decrease the oxygen flow without also decreasing the nitrous oxide flow, the nitrous oxide flow will automatically drop in proportion to the oxygen flow.

**WARNING:** In circle systems, the gas mixture in the patient circuit is not necessarily the same as that in the fresh gas flow. This is particularly true at low fresh gas flow rates when the patient rebreathes a significant portion of previously exhaled gases. It is important that the gas mixture in the patient circuit be monitored and that the fresh gas flow is adjusted to meet the requirements of the patient as well as to compensate for patient uptake, any system leakage, or any gas withdrawn through sample lines and not returned.

**WARNING:** The ORC interlocks only the flows of oxygen and nitrous oxide. Hypoxic fresh gas concentrations are possible if carbon dioxide is used as an additional gas.

## Section 2

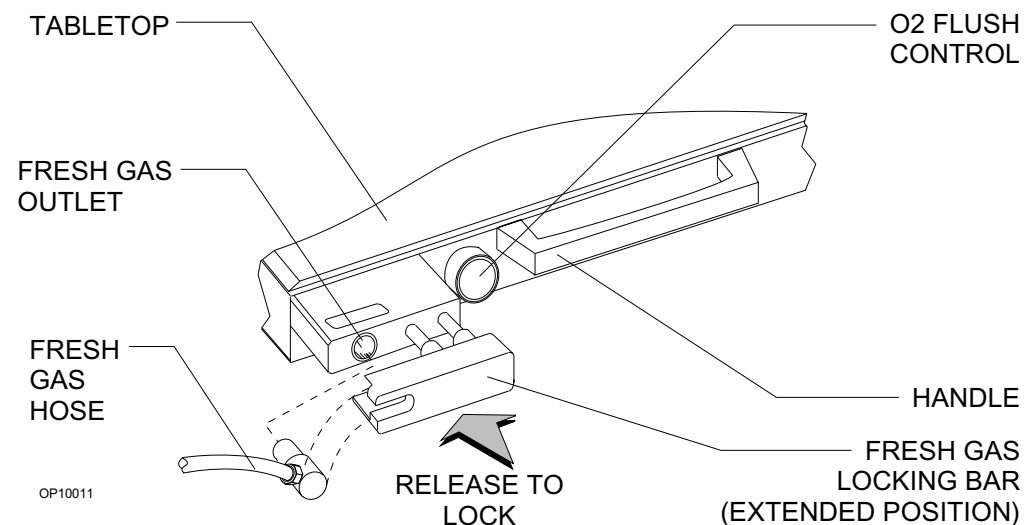
### General Description

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#### Fresh Gas Outlet

The fresh gas outlet delivers the fresh gas mixture (consisting of oxygen, nitrous oxide, optional gases, and vapors of a liquid anesthetic) to the patient breathing system. It is located on the front of the anesthesia machine.

The outlet's 15 mm cylindrical female fitting is designed to accept a 15 mm male fitting on the absorber fresh gas hose. The male fitting slides into a retaining slot in the spring-loaded safety locking bar to prevent inadvertent disconnection of the fresh gas hose. The 15 mm male fitting on the fresh gas hose is unique to North American Dräger design, and should not be replaced by a hose from any other manufacturer.



## Section 2

### General Description

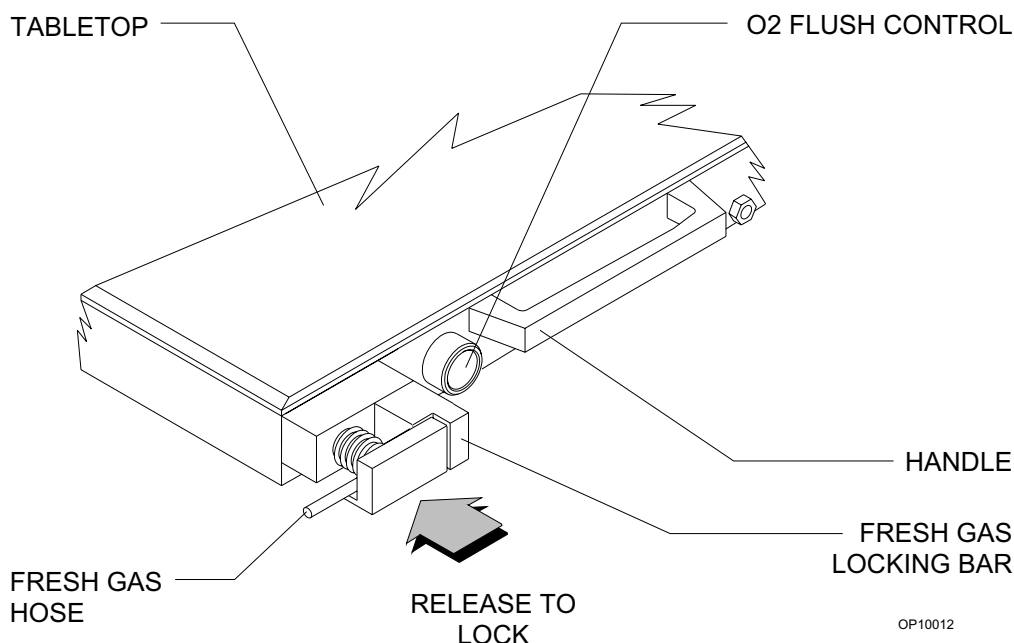
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#### Fresh Gas Outlet (Canada)

The fresh gas outlet delivers the fresh gas mixture (consisting of oxygen, nitrous oxide, optional gases, and vapors of a liquid anesthetic) to the patient breathing system. It is located on the front of the anesthesia machine.

The outlet has a dual fitting for using gas hoses with these fittings:

- a 15 mm male fresh gas hose fitting, such as those supplied with North American Dräger absorbers and Bain circuit adapters. When using a 15 mm fitting, place the spring-loaded locking bar over the male fitting to secure it to the female fitting.
- a 22 mm female fitting with a load-bearing threaded mount, such as the ones for Magill circuits or ISO-type nonrebreathing adapters. When using an ISO-type nonrebreathing adapter, swing the spring-loaded locking bar to the side to gain access to the threaded load-bearing fitting.



OP10012

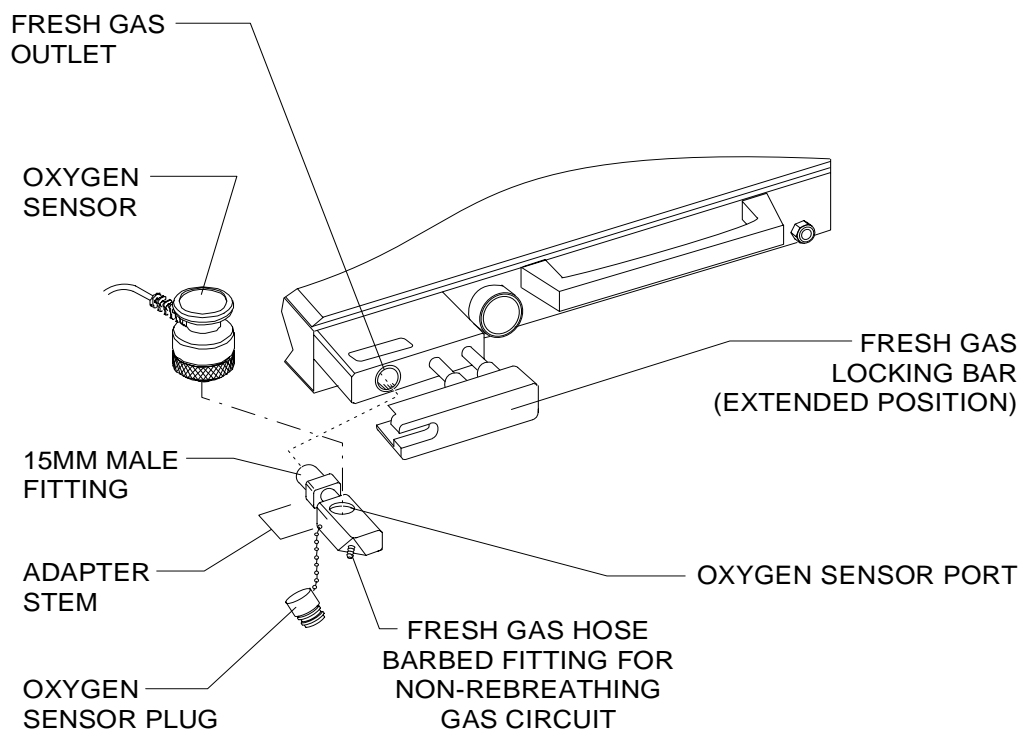
## Section 2

### General Description

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#### Fresh Gas Oxygen Sensor Adapter

The optional fresh gas adapter allows the Narkomed 2C to monitor the fresh gas oxygen concentration when using a nonrebreathing circuit (other than a Bain circuit). The fresh gas adapter fits securely into the fresh gas outlet of the anesthesia machine. It has a port for an oxygen analyzer sensor and a fitting for a nonrebreathing circuit.



OP20997

**WARNING:** The fresh gas oxygen sensor adapter measures the fresh gas oxygen concentration, not the inspiratory oxygen concentration. Depending on the fresh gas flow and the respiratory minute volume, the inspiratory oxygen concentration may be lower than fresh gas oxygen concentration due to rebreathing of previously exhaled gases.

## Section 2

### General Description

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#### Auxiliary Oxygen Flowmeter (Optional)

For the delivery of a metered flow of pure oxygen (for example, delivery of oxygen through a nasal cannula), an optional auxiliary oxygen flowmeter can be mounted on the left side of the flowmeter bank. This flowmeter can be used when the machine is turned off. A zero-stop prevents damage to the flow control valve seat.

#### Vaporizers

The Narkomed 2C can be equipped with up to three Vapor 19.1 vaporizers for administering liquid anesthetics.

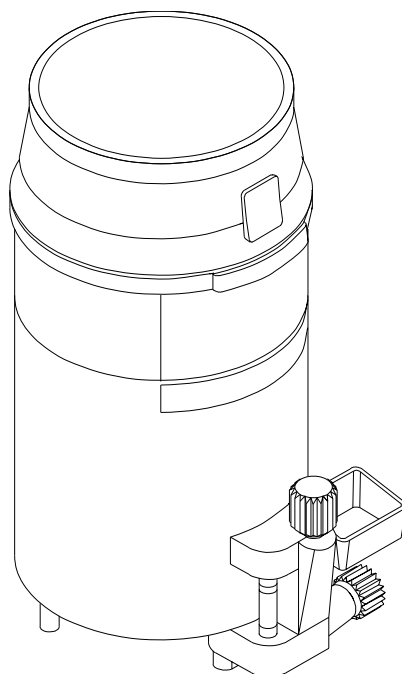
#### Exclusion System

A cam and lever interlock system, incorporated into the vaporizer bank, prevents more than one vaporizer from being activated at a time. The interlock system requires all unused vaporizers to be locked in their zero-volume percent positions.

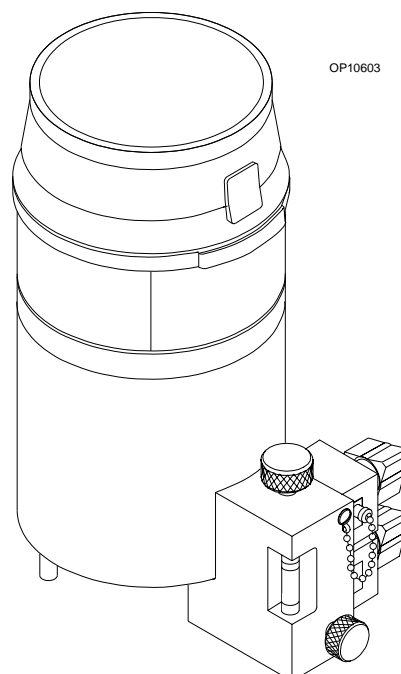
**WARNING:** Only one vaporizer can be activated at a time. If the exclusion system permits simultaneous activation of more than one vaporizer, do not use the anesthesia machine. Contact a North American Dräger qualified technical service representative for adjustment.

#### Filling Systems

Two filling systems are available for the Vapor 19.1 vaporizer—the open funnel system and the key-indexed safety system.



OPEN FUNNEL FILLER



KEY INDEXED  
SAFETY SYSTEM

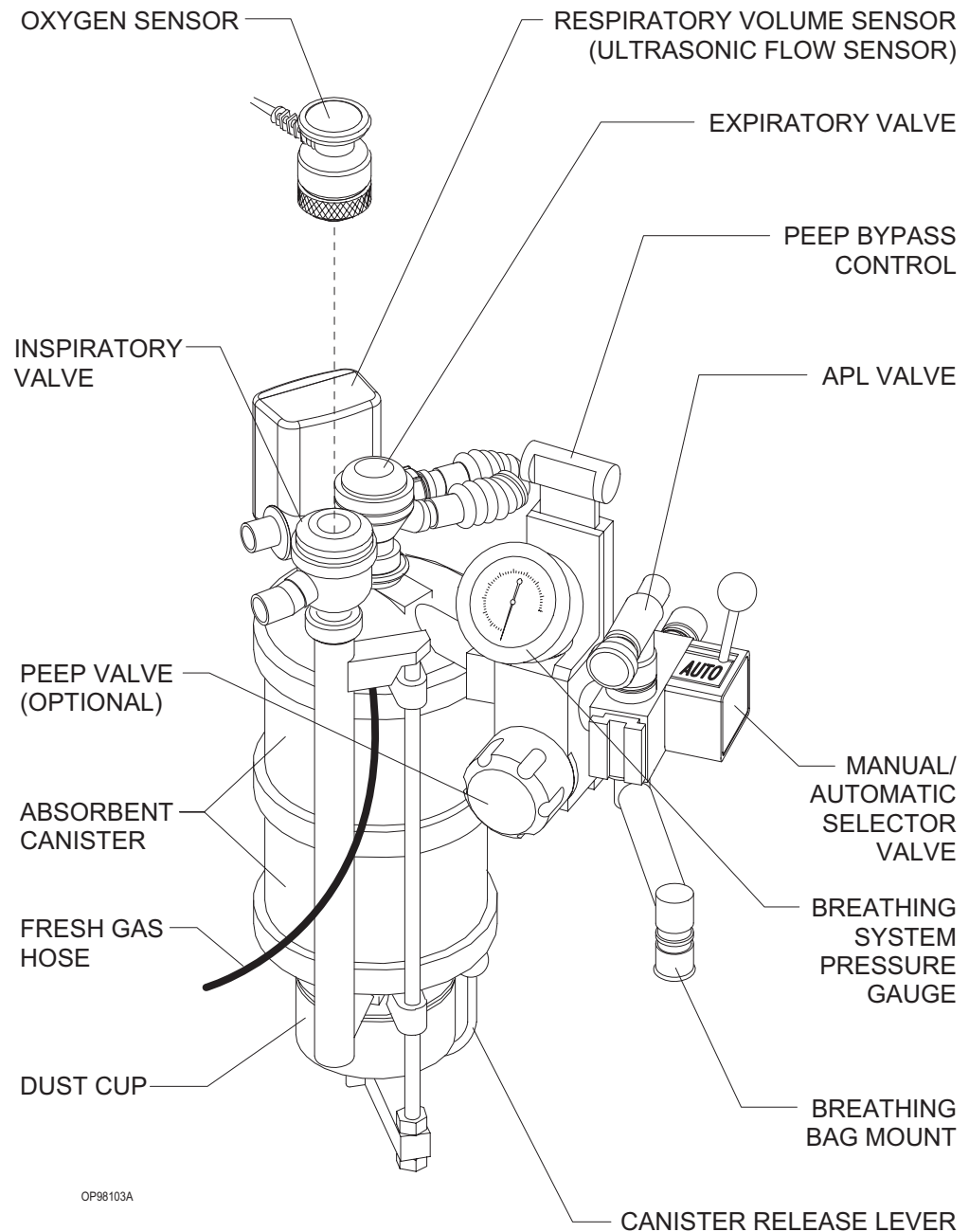
## Section 2

### General Description

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#### Absorber

The absorber is a dual-canister system for absorbing exhaled carbon dioxide in the rebreathing circuit of the anesthesia machine. It has an adjustable pressure limiter (APL) valve, a breathing system pressure gauge, a fresh gas line, and connections for sensing breathing pressure, respiratory volume, frequency, and oxygen concentration.





## Section 2

### General Description

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The absorber system permits spontaneous, manually assisted, or automatic ventilation of the patient. The absorber incorporates a manual/automatic selector valve, which allows you to select either manual or automatic ventilation. An absorber with a positive end-expiratory pressure (PEEP) valve is also available.

**WARNING:** Waste gas scavenging systems used with North American Dräger absorber systems must have safety features to ensure that excessive subatmospheric pressure (lower than  $-0.5 \text{ cmH}_2\text{O}$ ) and excessive positive pressure (higher than  $+0.5 \text{ cmH}_2\text{O}$ ) are not possible at the connection point.

#### Inspiratory and Expiratory Valves

The inspiratory and expiratory valves control the direction of gas flow in the absorber system. The inspiratory valve is labeled INSPIRATION and the expiratory valve is labeled EXPIRATION.

The valves are unidirectional, permitting gas flow in one direction only:

- The inspiratory valve allows gas to flow toward the patient only, with no backflow to the absorber.
- The expiratory valve allows gas to flow into the absorber only, with no backflow to the patient.

The valves are *not* interchangeable. They must be connected to the correct mounts for proper flow direction through the absorber system. Different size mounting threads on each valve prevent connecting a valve to the wrong mount.

**WARNING:** Do not use the inspiratory or expiratory valves if:

- the pins in the plastic valve domes or in the valve bodies are bent, damaged, or missing,
- valve disks are missing or damaged,
- valve seat is damaged.

## Section 2

### General Description

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Canisters	Each absorber unit has two transparent plastic canisters that house the absorbent. The absorbent—soda lime or barium hydroxide lime—can be purchased in either loose granular or prepacked cartridge form. The canisters are interchangeable.
Dust Cup	A removable, transparent plastic cup below the bottom assembly collects absorbent dust and excess moisture that could cause increased flow resistance in the system.
Breathing System Pressure Gauge	<p>The absorber system is equipped with a pressure gauge for quick visual checks of breathing circuit pressure. The gauge is marked for measurements from -20 to +80 cmH<sub>2</sub>O in increments of 2 cmH<sub>2</sub>O.</p> <p><b>WARNING:</b> You must frequently observe the breathing system pressure gauge to ensure adequate pressure buildup and relief, regardless of the mode of operation.</p>

## Section 2

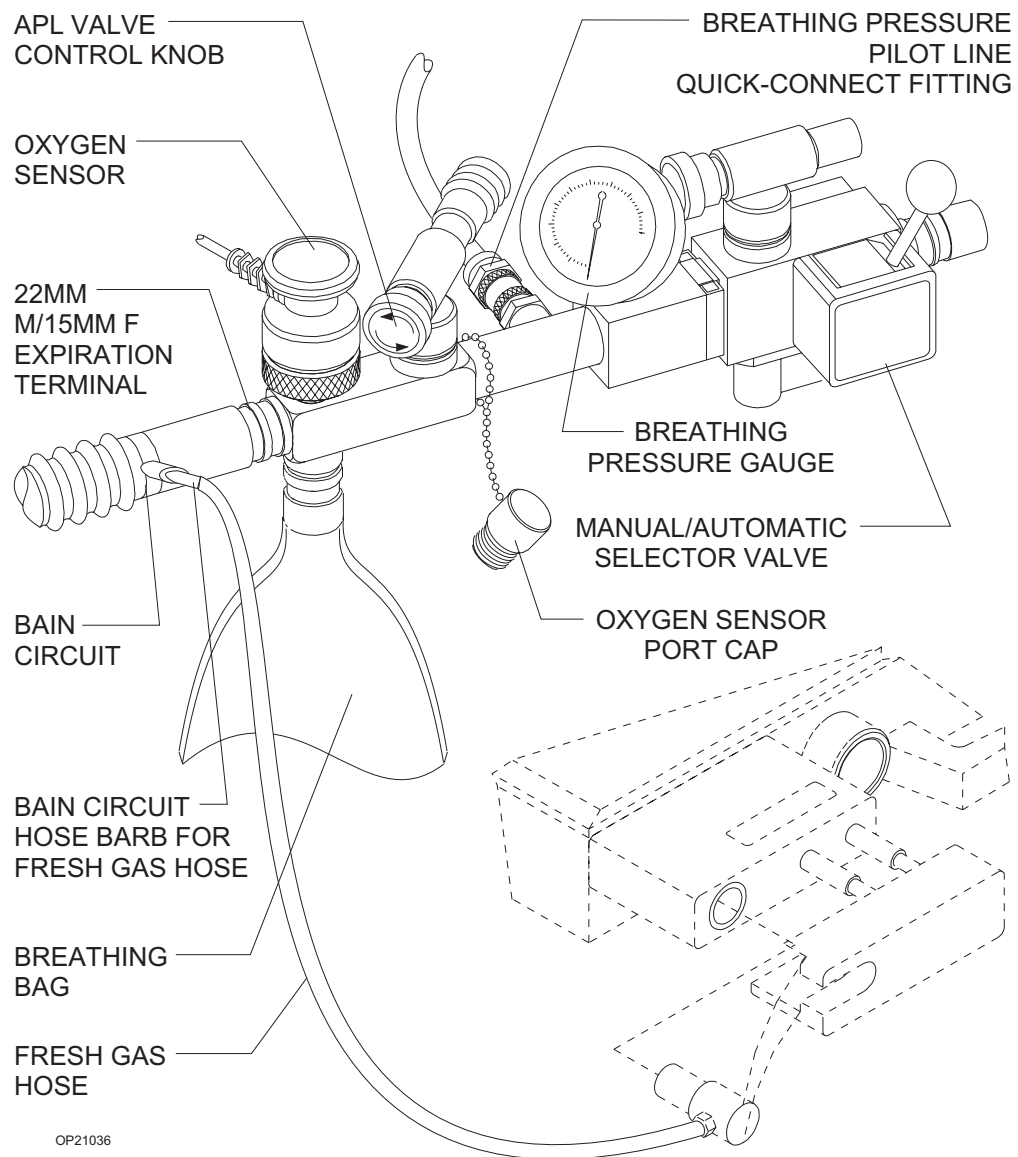
### General Description

#### Bain Circuit Adapters

##### Absorber Mount

Two types of Bain circuit adapters are available. One mounts to the absorber. The other mounts to the absorber pole.

The absorber-mounted Bain circuit adapter mounts on the manual/automatic selector valve of the absorber system. The adapter has an adjustable pressure limiter (APL) valve, a breathing pressure gauge, a quick-connect fitting for the breathing pressure pilot line, a port for the oxygen sensor, a 15/22 mm port for nonrebreathing circuits, and a connector for the breathing bag.

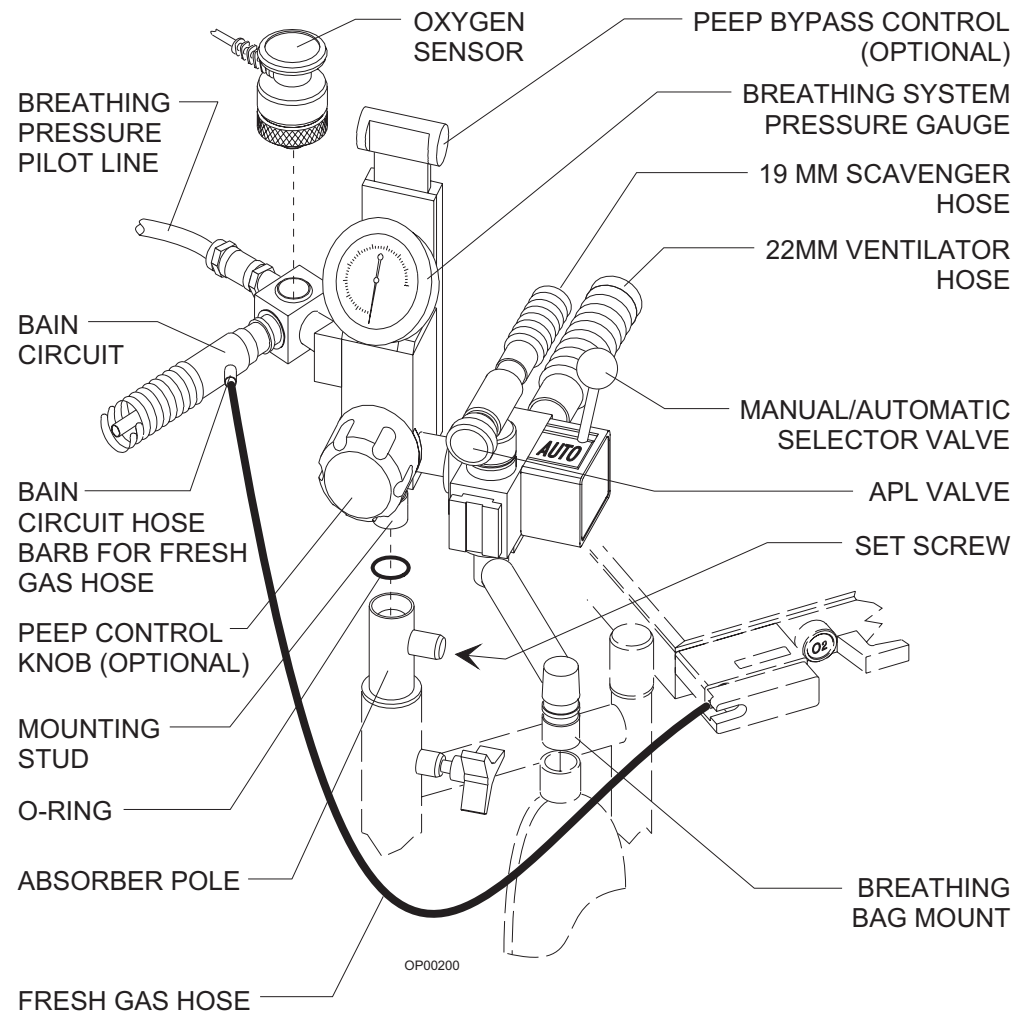


## Section 2

### General Description

#### Pole Mount

The pole-mounted Bain circuit adapter mounts on the absorber pole. A positive end-expiratory pressure (PEEP) valve is optional.



## Section 2

### General Description

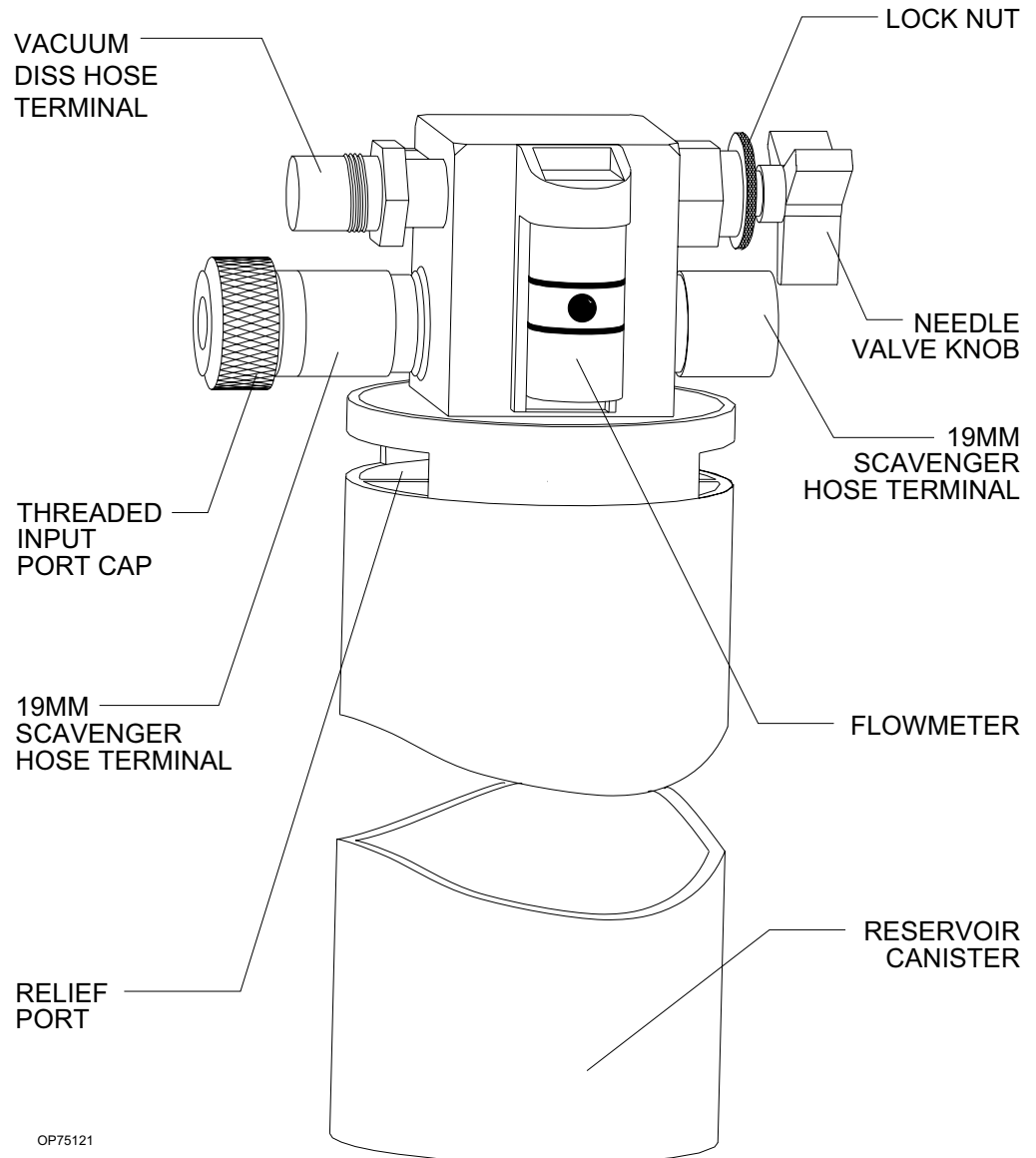
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#### Scavenger Systems

The Narkomed 2C can be equipped with two kinds of scavenger systems, for the best match with the hospital's waste gas disposal system.

#### Open Reservoir Scavenger

The open reservoir scavenger is used with suction (vacuum) waste gas disposal systems. This scavenger is an "open" system with continually open ports for positive and negative pressure control.



## Section 2

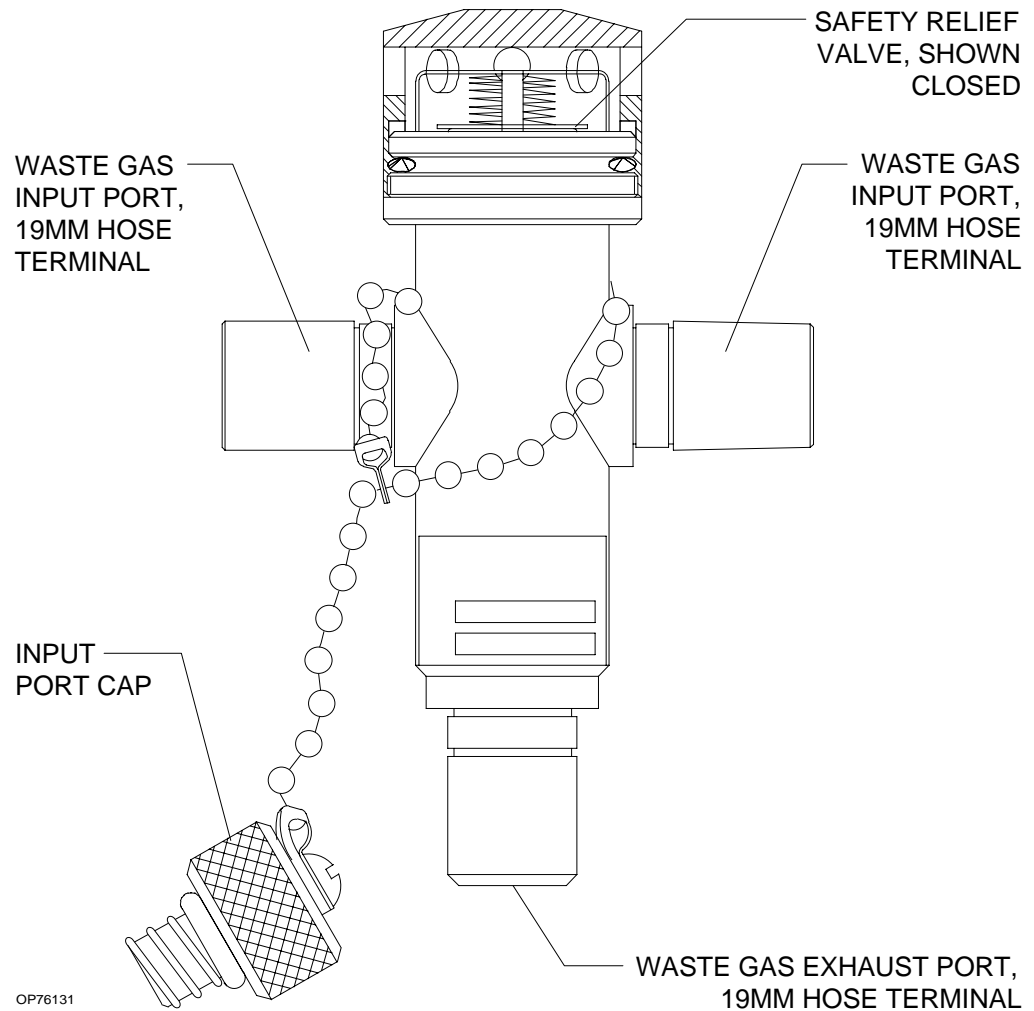
### General Description

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#### Scavenger Interface for Passive Systems

The scavenger interface for passive systems is used with nonrecirculating HVAC systems (also called exhaust systems). This scavenger is a “closed” system with a spring-loaded valve for positive pressure relief.

**WARNING:** Do not use this device with a waste gas disposal system capable of applying a negative pressure to the scavenger interface (a suction or vacuum waste gas disposal system).



## Section 2

### General Description

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#### AV2+ Ventilator

The AV2+ anesthesia ventilator is a volume-preset, time-cycled, pressure-limited ventilator with electronic timing, pneumatic circuitry and independent controls for frequency, inspiratory to expiratory (I:E) ratio, inspiratory flow rate, tidal volume, and inspiratory pressure limit.

Pneumatic power (bellows drive gas) to the ventilator is supplied through the hospital pipeline supply or through reserve cylinders on the anesthesia machine. The pressure of the supply gas must be between 40 and 60 psi. The ventilator will not function properly if this pressure drops below 32 psi. Electrical power is supplied by the AC power source. In event of AC power failure, the backup battery supplies power. A fully charged battery can power the ventilator for about 30 minutes.

The anesthesia ventilator is designed for use with a North American Dräger absorber system that has a manual/automatic selector valve. Use this valve to select the breathing bag and adjustable pressure limiter (APL) valve for manual ventilation or the ventilator bellows for automatic ventilation.

During automatic ventilation, the manual/automatic selector valve isolates the absorber's APL valve from the breathing system. The ventilator has a relief valve mounted behind the bellows chamber to compensate for the continuous introduction of fresh gas into the breathing system.

When the bellows is completely filled, any excess gas in the system is released to the scavenging system through the ventilator relief valve. As in any ascending bellows, the force needed to overcome gravity acting on the bellows causes a positive end-expiratory pressure (PEEP) within the breathing system. The PEEP is about 2 cmH<sub>2</sub>O.

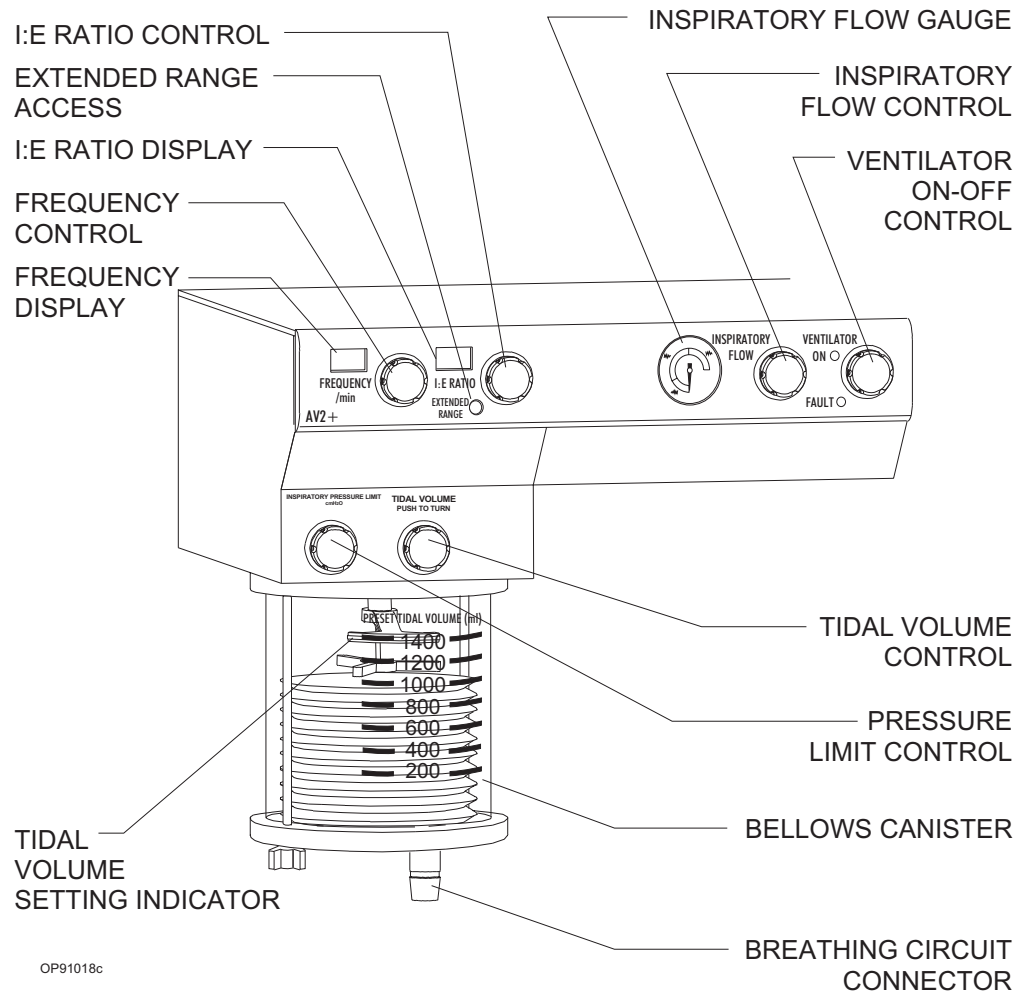
The pressure-limit control is used to set the peak inspiratory pressure produced by the ventilator to prevent barotrauma. The pressure-limit control can also improve ventilation for patients with reduced lung compliance (neonatal/pediatric patients and patients with adult respiratory distress syndrome), because it limits the peak inspiratory pressure during the inspiratory phase of ventilation.

The AV2+ ventilator is shown in the following drawing.

## Section 2

### General Description

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#### Main Switch Panel

The main switch panel is located between the ventilator bellows and flowmeter bank.

#### System Power Switch

The SYSTEM POWER switch has two positions—ON and STANDBY. In the ON position, the gas (pneumatic) and electric power circuits are on. The green indicator next to the switch lights. In the STANDBY position, the switch shuts down the gas supplies, the monitoring system, and all electrical power to the machine except the convenience receptacles and battery charging circuit.

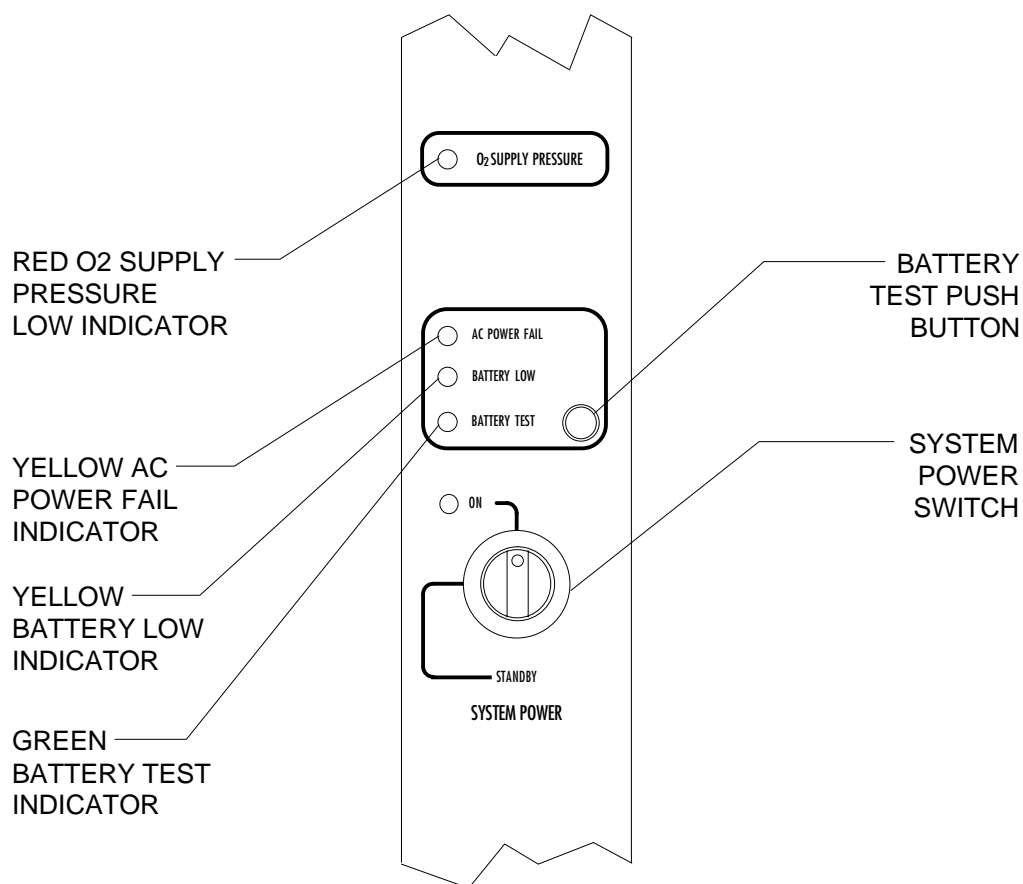
#### AC Power Failure Indicator

The yellow AC POWER FAIL indicator signals an AC power disruption. The indicator lights whenever the battery supplies power to the monitoring system and the electronic ventilator. A three-pulse tone also sounds every 30 seconds. If the backup battery is completely discharged, the AC power failure indicator does not have power and will not function.



## Section 2

### General Description



OP20050

#### Oxygen Supply Pressure Alarm

The oxygen supply pressure alarm activates if the oxygen supply pressure in the system decreases below about 37 psi. When the alarm is actuated, the red O<sub>2</sub> SUPPLY PRESSURE indicator lights continuously, the Caution message O<sub>2</sub> SUPPLY LOW appears on the central alarm display, and an intermittent audible alarm sounds. Depending on the configuration, a 7-second whistle may also sound.

**NOTE:** The oxygen supply pressure alarm will not activate if only one source of oxygen supply pressure (either the cylinder or the pipeline) fails and the other maintains proper pressure in the oxygen supply lines.

## Section 2

### General Description

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#### Power Supply System

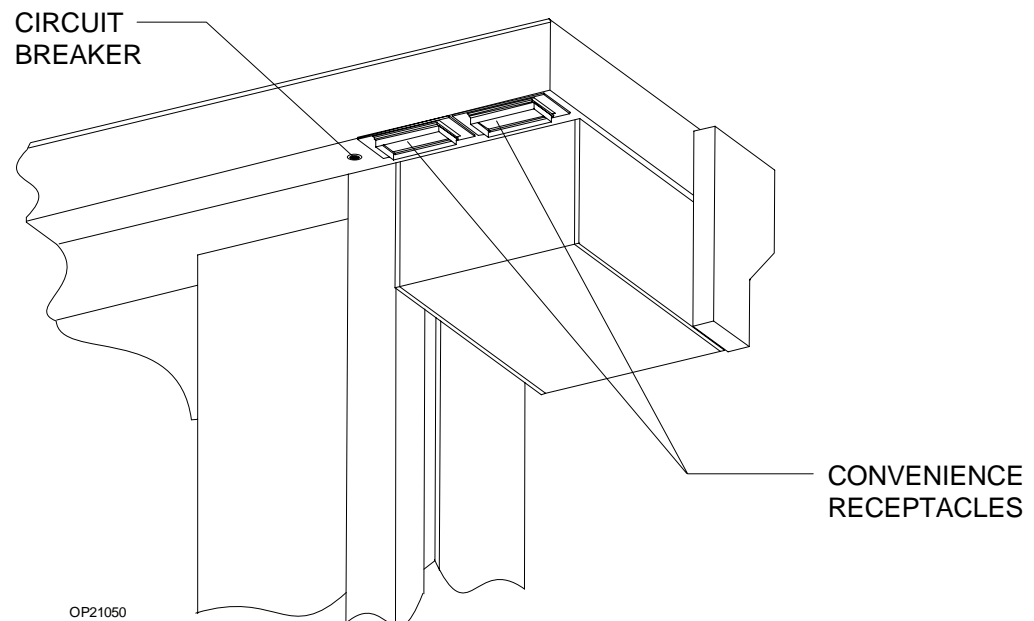
The Narkomed 2C has a central power supply for the ventilator, alarm system, and monitoring system. When in use, the Narkomed 2C must be plugged into an AC outlet.

#### Convenience Receptacles

The Narkomed 2C has four convenience receptacles located on the upper back area of the anesthesia machine. (This option is not available for the 240 VAC power supply option). The receptacles are active whenever the Narkomed 2C is plugged into an outlet, whether or not the machine is turned on.

The total current for devices plugged into the receptacles must not exceed 7 amps. A 7-amp circuit breaker protects the convenience receptacle circuit. This circuit also has an EMI filter to minimize interference from devices plugged into the convenience receptacles.

**CAUTION:** Devices plugged into the convenience receptacles contribute to the anesthesia system's total leakage current. The total leakage current must not exceed 100 microamps.



#### Circuit Breakers

The electrical system has four magnetic circuit breakers to protect machine functions—primary AC power input, convenience receptacles, and backup battery power.

## Section 2

### General Description

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The three circuit breakers located on the lower (absorber) side of the machine are for 117 volt input power, 240 volt input power and backup battery power. The fourth circuit breaker is for the convenience receptacles and is located next to the convenience receptacles.

When the plunger is flush with the surface of its base, the circuit breaker is in its normal, closed position. A circuit breaker is open (tripped) when its plunger extends beyond its base. If a breaker is tripped, the cause must be found and corrected before using the anesthesia system.

#### Backup Battery System

The backup battery system consists of a rechargeable battery and a built-in battery charging system.

Although most hospitals have emergency generators that provide AC power when line power fails, a delay may occur before generator power comes on. The backup battery system automatically provides power during the period between line power failure and activation of the hospital's emergency generator. The backup battery also provides power if the anesthesia machine's power cord is accidentally unplugged during a case.

When the hospital's emergency generator comes online (or when a disconnected power cord is reconnected), the Narkomed 2C automatically switches back to AC power and recharges its battery. The battery charging system charges the battery any time the power cord is connected to an active AC power source. The charger can recharge a fully discharged battery in about 12 hours.

If the machine is receiving AC power, but the battery voltage level is low due to a problem with the battery charging circuit or similar hardware malfunction, the Advisory message RESERVE BATT LOW appears on the central alarm display.

#### Machine Functions on Backup Battery Power

If the hospital's primary AC power fails, the backup battery system is activated. If this happens, the following events occur:

- The yellow AC POWER FAIL indicator on the alarm panel comes on.
- The Caution message AC POWER FAIL appears on the central alarm display.
- A three-pulse pattern tone sounds every 30 seconds.

These alarms signify that about 30 minutes of backup battery power remains from the time the alarm is activated if the battery is fully charged. All monitoring functions continue to operate, using the battery for power.

## Section 2

### General Description

---

When the battery reserve approaches depletion after an AC power loss:

- The yellow BATTERY LOW indicator lights.

**NOTE:** The BATTERY LOW indicator only lights during an AC power loss when battery reserves are low.

- The Caution message AC BATTERY FAIL appears on the central display.

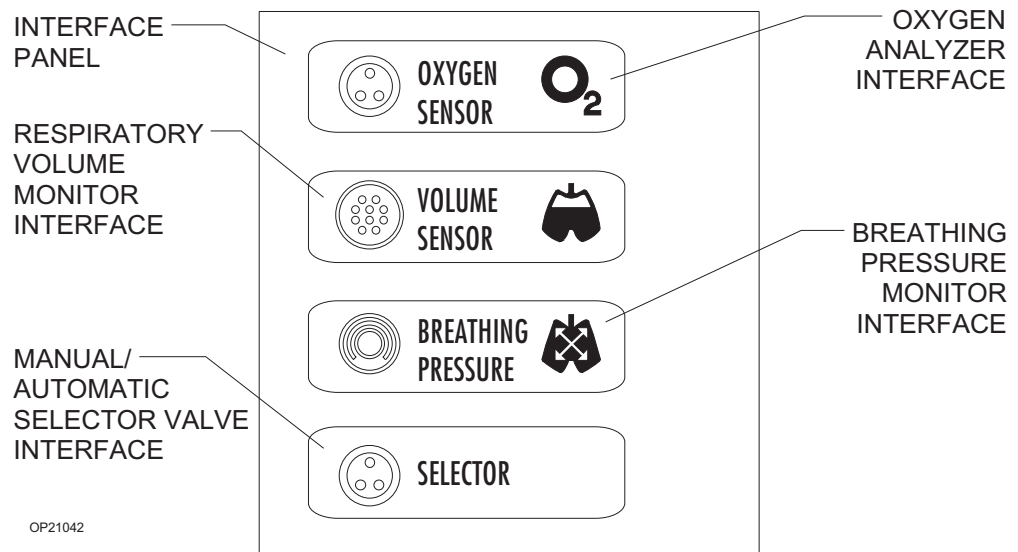
These alarms signify that about 10 minutes of backup battery power remain from the time the alarm was activated.

The gas supply system remains operative. Because the ventilator is inoperative when battery power is cut off, you must perform manual ventilation by bag. The machine cannot provide monitoring or alarm functions until AC power is restored.

**NOTE:** If the power cord is not plugged into an active AC outlet for a period of 30 days or more, the backup battery can be depleted. Plugging the power cord into an active AC outlet for about 12 hours recharges the battery.

### System Interface Panel

The system interface panel is located on the absorber side of the Narkomed 2C. The interface panel has receptacles for the oxygen sensor cord, the breathing pressure pilot line, the respiratory volume sensor cord, and the manual/automatic selector valve interface cable.



## Section 2

### General Description

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#### Adjustable Display Arm

The adjustable display arm, mounted on the absorber side of the machine, supports the remote display and Datagrip. It is also used to route patient sensor lines from the patient to the anesthesia machine. The arm can be adjusted up and down, side-to-side, and front-to-back, to place the display and sensor lines in the most convenient position. To adjust the arm front-to-back, pull and hold the release knob forward, then move the arm to the preferred position and release the knob.

#### Monitoring System

The monitoring system integrates the electronic monitors and organizes information from these monitors on the screen. The screen is mounted on the adjustable display arm.

The Narkomed 2C monitors:

- oxygen concentration measurements
- breathing pressure measurements
- respiratory volume measurements

It also monitors key anesthesia system functions such as oxygen supply pressure and backup battery status.

#### Narkomed 2C Screens

The Narkomed 2C has several screens for viewing monitoring information, adjusting alarms, and customizing the monitoring system. The screens include:

- Machine Monitor
- System Monitor
- Set Up
- System Configuration
- Data Log
- Data Management

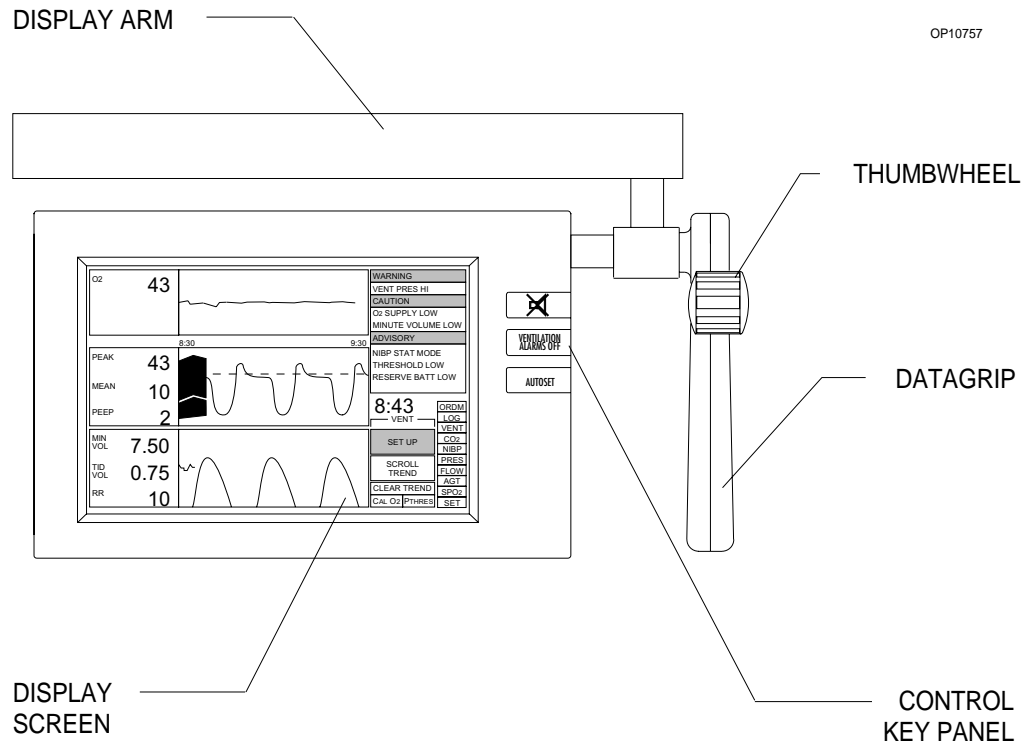
The screens are accessed from a Screen Selection menu. They are described in detail in the *Section 5 Operation - Monitoring System* "Using the Screen Selection Menu."

## Section 2

### General Description

#### Display Screen

All numerical data, waveforms, trends and alarms appear on the display screen that is mounted on the display arm. The screen can be tilted up, down, and sideways for optimal viewing.



#### Control Key Panel

Each of the Control Key Panel keys, located on the right side of the screen, performs a system function:



Silences the continuous audible alarm for 120 seconds. A message indicating the number of seconds remaining in the silence period is displayed in the Advisories window on the central alarm display. If a new alarm occurs during the 120 seconds, a single tone pattern sounds according to the alarm priority. After 120 seconds, the audible alarm reverts to normal operation if no alarm conditions are active at that time.

If any Warning or Caution alarms are active at 120 seconds, the Narkomed 2C enters an extended silence period and a single tone pattern sounds according to the alarm priority. If a new alarm condition occurs during the extended silence period, a single tone pattern sounds. Also, at each one-minute interval of the extended silence period, the highest-priority alarm tone pattern sounds.

## Section 2

### General Description

---

The silence period can last up to three minutes. The silence period ends if the Narkomed 2C is clear of Warnings and Cautions for 10 seconds. When the extended silence period ends, audio alarms revert to normal operation.

VENTILATION  
ALARMS OFF

Turns off volume and pressure-apnea alarms. If the ventilator is on, the volume alarms are turned off, but the pressure-apnea alarm remains on.

AUTOSET

Function depends on the Datascan Display setting in the System Configure screen.

If the Bar Graph Datascan is selected, pressing the AUTOSET key sets the current measurements at the center line of the Datascan display and resets the endpoints. (See “Bar Graph Datascan Display” presented later in this section.

If the Numeric Datascan is selected, pressing the AUTOSET key resets the alarm limits according to the O2 ALARM AUTOSET value (WIDE, NARROW, or OFF) set in the System Configure screen. If the Narkomed 2C is connected to a Vitalert monitor with Alarm Autoset capability, pressing the AUTOSET key also resets the alarm limits on the Vitalert monitor.

For complete information on selecting the Datascan display and setting the O2 ALARM AUTOSET value, see *Section 5 Operation - Monitoring System* “Invoking the System Configure Screen.”

#### Datagrip

The Datagrip is the user input device. The Datagrip is composed of a trigger and thumbwheel attached to the display arm, next to the screen. It can be tilted up and down for convenience and comfort.



Rotate the Datagrip thumbwheel to move the cursor around in screens, change variables, and scroll through menus, lists, and trends. Rotating the thumbwheel upward moves the cursor forward in a screen or list and increases numbers. Rotating the thumbwheel downward moves the cursor backward in a screen or list and decreases numbers.

Press the Datagrip trigger to invoke screens, choose parameters, enter new values, and select soft keys that appear on the display screen.

## Section 2

### General Description

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An instructional dialog box, located in the lower right corner of certain screens, guides you through the functions performed by Datagrip's trigger and thumbwheel for that specific screen. In the dialog box, the  icon indicates the function performed by rotating the thumbwheel. The  icon indicates the function performed by pressing the Datagrip trigger.

#### Datascan Display

The Datascan display is located at the top of the Data Log and System Monitor screens. Information is presented in one of two display formats—the Bar Graph display or the Numeric display. The display format is selected in the System Configure screen. (See *Section 5 Operation - Monitoring System* “Invoking the System Configure Screen.”)

#### Bar Graph Datascan Display

The Bar Graph Datascan display shows of six bar graphs that appear at the top of the System Monitor screens. Use the Bar Graph Datascan to see measurement deviations from a baseline. If information for one or more bar graphs is not supplied, the corresponding display area is blank.

The six bar graphs include:

- end-tidal carbon dioxide
- inspiratory/expiratory anesthetic agent
- inspiratory oxygen concentration
- oxygen saturation
- pulse rate
- systolic/diastolic blood pressure

**NOTE:** The inspiratory agent and the systolic pressure measurements are the larger numbers located below their respective bar graphs.

A baseline measurement setpoint appears at the midpoint of each bar graph, represented by a center line common to all six bar graphs. Pointers along the left side of each bar graph mark the high and low alarm limits. The current value for the measurement appears in numerical form under each bar graph.

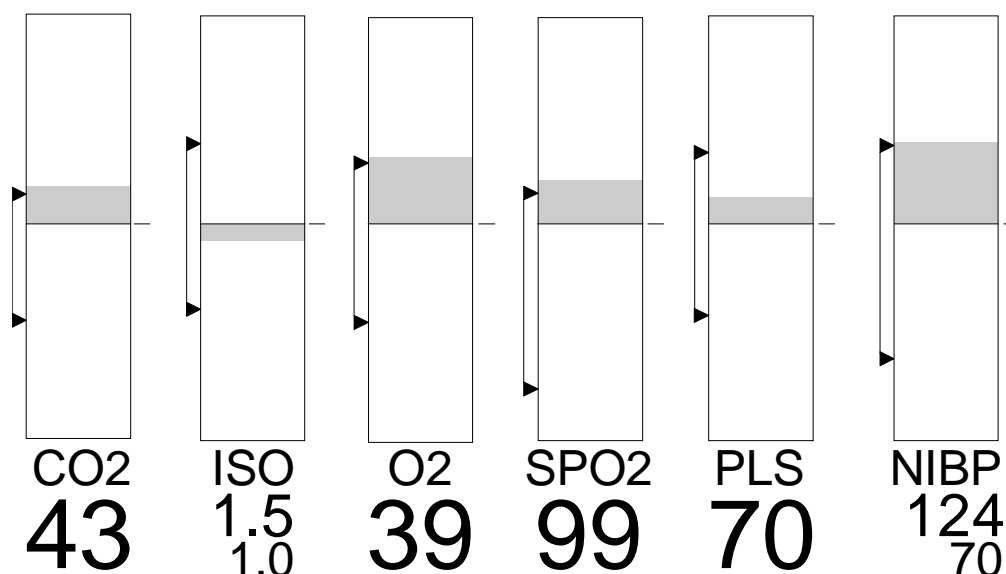
Any increase in a patient measurement causes the corresponding bar to rise from the center line. If any patient measurement decreases, its bar descends below the center line. Any deviation from the baseline—whether positive or negative—is immediately apparent.



## Section 2

### General Description

OP27113



To normalize the current measurements of the Narkomed 2C, press the AUTOSET key on the control key panel. This sets the current measurements at the center line (baseline) and resets the endpoints.

The endpoints of the bar graph boundaries represent values above and below the baseline determined by the scaling factor set in the Datascan Configure screen.

#### Numeric Datascan Display

The Numeric Datascan displays current values for all patient measurements and shows where those values are in relationship to the current alarm limits. The Numeric Datascan consists of six rectangular display areas for:

- end-tidal carbon dioxide
- inspiratory and expiratory anesthetic agent
- inspiratory oxygen concentration
- oxygen saturation
- pulse rate
- systolic and diastolic blood pressure

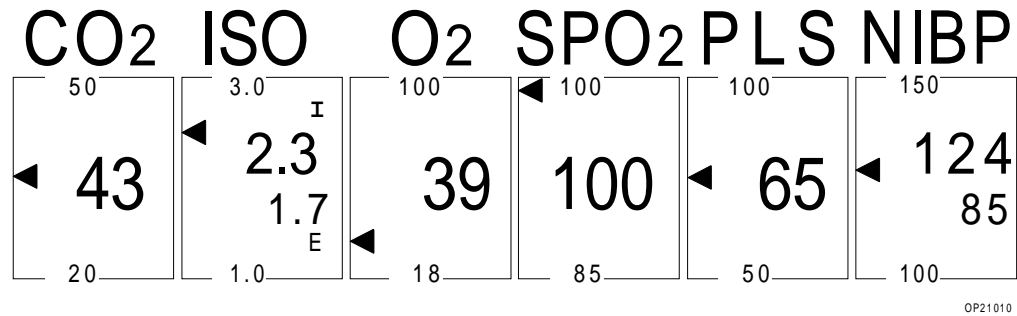
If information for one or more measurements is not supplied, the corresponding display area is blank.

The current values for the measurement are the large numbers located in the middle of each display area. The numbers at the top and bottom are the current alarm limits. The arrow on the left side of each display area shows where the current value lies within the boundaries of the alarm limits. This arrow moves up or down as the values change.

## Section 2

### General Description

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**NOTE:** The inspiratory agent and the systolic pressure measurements also appear in the display areas.

To automatically adjust the alarm limits around the current values, press the AUTOSET key on the control key panel. This sets the oxygen alarm limits according to the O<sub>2</sub> ALARM AUTOSET value specified in the System Configure screen. For complete information, see *Section 5 Operation - Monitoring System* "Invoking the System Configure Screen". If the Narkomed 2C is connected to a Vitalert monitor with Alarm Autoset capability, pressing the AUTOSET key also resets the alarm limits for the monitoring functions provided by the Vitalert monitor.

#### Central Alarm Display and Audible Alarms

The Narkomed 2C presents active alarms on the central alarm display located at the top of the display screen. Alarms are indicated with keyword phrases and are organized into three categories, depending on their urgency. Alarms are displayed either in a single window or in three separate windows corresponding to each alarm category.

A central speaker produces all audible alarm signals, using three different sound patterns to indicate the three levels of alarm urgency. The Narkomed 2C annunciates only the highest-priority, currently active alarm. Lower-priority alarms are temporarily suppressed to minimize the confusion caused by simultaneous alarms. If the primary speaker on the Narkomed 2C fails, the Advisory message SERVICE SPEAKER appears on the central alarm display and a single tone sounds.

If the number of alarms in any of the three categories exceeds the space provided on the display screen for that category, additional alarm messages are retained in memory until displayed alarm conditions are resolved.

## Section 2

### General Description

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#### Warnings

Warnings are the highest priority alarms and require an immediate response.

If the Bar Graph Datascan is selected, Warnings appear in a drop-down window in the upper left portion of the System Monitor screens, overlaying the Datascan bar graphs. If no Warning alarm conditions exist, the display is suppressed until an alarm condition occurs. Up to seven Warnings can appear in this window.

If the Numeric Datascan is selected, Warnings appear in the single alarm window in top right corner of the Machine Monitor screen and the System Monitor screens, along with any Caution or Advisory messages. The Warning messages are displayed under a flashing heading labeled WARNING, which is removed from the screen if no Warning alarm conditions exist. The last space at the bottom of the alarm window is reserved for the SILENCE message that indicates the time remaining in the Audio Silence period.

Warnings are announced with a continuously repeating sound pattern consisting of three audio tones. After an initial sound pattern at full volume, there is a 6-second pause. This pause is followed by a pattern at one-third volume, a 5-second pause, a pattern at two-thirds volume, a 4-second pause, and another pattern at full volume. After the second full volume pattern, a 3-second pause occurs, followed by a full volume pattern until the alarm condition is removed.

#### Cautions

Cautions are second-priority alarms and require a prompt response.

If the Bar Graph Datascan is selected, Cautions appear in a drop-down window in the upper middle portion of the System Monitor screens, overlaying the Datascan bar graphs. If no Caution alarm conditions exist, the display is suppressed until an alarm condition occurs. Up to seven Cautions can appear in this window.

If the Numeric Datascan is selected, Cautions appear in the single alarm window in top right corner of the Machine Monitor screen and the System Monitor screens, along with any Warning or Advisory messages. The Caution messages are displayed under a heading labeled CAUTION, which is removed from the screen if no Caution alarm conditions exist or if all space in the alarm window is needed by the higher-priority Warning messages.

## Section 2

### General Description

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The last space at the bottom of the alarm window is reserved for the SILENCE message that indicates the time remaining in the Audio Silence period.

Cautions are accompanied by a three-pulse sound pattern that is repeated every 30 seconds until the alarm condition is cleared.

#### Advisories

Advisories are the lowest priority alarms that do not require immediate attention.

If the Bar Graph display is selected, Advisories appear in a display window in the upper right portion of the screen. Up to nine Advisories can appear in this window, in addition to the SILENCE message that indicates the time remaining in the Audio Silence period. The SILENCE message occupies the last place at the bottom of the Advisory window.

If the Numeric Datascan is selected, Advisories appear in a single window in top right corner of the Machine Monitor screen and the System Monitor screens, along with any Warning or Caution messages. The Advisory messages appear under a heading labeled ADVISORY, which is removed from the screen if all space in the alarm window is needed by the higher-priority Warning or Caution messages. The last space at the bottom of the alarm window is reserved for the SILENCE message that indicates the time remaining in the Audio Silence period.

Depending on the urgency, advisories are accompanied by a single tone sounds or no audible alarm is given.

#### Silencing Alarms

To temporarily silence audible alarms, use the alarm silence key on the control key panel (labeled with a crossed-out speaker).

#### Ventilation Alarms

When the system power switch is turned from STANDBY to ON, the volume and pressure apnea alarms default to Standby to allow machine setup without nuisance alarms. An interlock with the ventilator ensures that when the ventilator is turned on, the alarms are enabled. The alarms can also be enabled individually in the Set Up screen.

## Section 2

### General Description

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When the ventilator is turned off, the following events occur:

- If the pressure apnea threshold was greater than 15 cmH<sub>2</sub>O when the ventilator was turned off, the threshold setting is changed to 15 cmH<sub>2</sub>O. (If the pressure apnea threshold was less than 15 cmH<sub>2</sub>O when the ventilator was turned off, the threshold retains its setting.)
- The Cautions and Warnings associated with apnea alarms change from activation after 15 and 30 seconds of apnea to 30 and 60 seconds, respectively.

When the ventilator is turned back on, the pressure apnea threshold is restored to its previous set value and the apnea alarms revert to activation after 15 seconds (caution) and 30 seconds (warning) of apnea.

#### **Manual Sphygmo- manometer (optional)**

Noninvasive blood pressure can be measured with the manual sphygmomanometer. Several cuff sizes are available.

#### **O.R. Data Manager® (optional)**

The O.R. Data Manager is an electronic data management system for acquiring, storing, and retrieving information. It consists of a central processing unit with disk drive and a keyboard for entering and editing data. The O.R. Data Manager creates an electronic anesthesia record from information automatically recorded by the monitoring system and from input from the keyboard (such as patient data, events, drugs, and other case-related information), and interfaced monitors such as the Vitalert® 3000.

In addition to creating anesthesia records, the O.R. Data Manager can graphically display case information and send anesthesia records to a disk or laser printer.

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## Section 3

### Daily Checkout

#### Daily Checkout Procedure

Before operating the Narkomed 2C, the following checkout procedure must be performed to make sure the machine is ready for use. This is a recommended procedure. Follow your institution's policies for specific checkout procedures. If the anesthesia system fails any procedures identified by an asterisk (\*), do not use the machine. Contact a North American Dräger qualified technical service representative for inspection of the unit.

**NOTE:** Do not insert any additional components into, or modify, the anesthesia system after the checkout procedure is started.

#### Initial Setup and Verification

1. Enter the serial number located on the right rear leg into the anesthesia record.
2. Make sure there is a valid inspection sticker on the back of the machine indicating that the anesthesia machine was serviced and inspected by a North American Dräger qualified technical service representative.
3. Verify that a cylinder wrench is tethered to the back of the machine next to one of the cylinders.
4. If the anesthesia machine is not already plugged in, connect the electrical power cable to an active AC outlet that accepts and properly grounds the power cable. **Do not** use “cheater” plugs. The term “cheater” plug implies any and all electrical plugs or other devices that can inhibit or prohibit the proper grounding of the anesthesia machine.

#### System Software Diagnostics

- \*5. Turn the SYSTEM POWER switch to the ON position. Wait for the machine to complete its diagnostic checks. Make sure the system is functional.

#### Battery Power Verification

- \*6. Check the reserve battery power. Remove the power plug from the outlet. Press the BATTERY TEST button on the main switch panel. The green indicator to the left of the test button must light. The yellow BATTERY LOW indicator must remain unlit. Plug the power cable back into the electrical outlet.

**NOTE:** This test assumes that the anesthesia machine has been plugged in for 12 hours. The battery charging system works only when the machine is connected to an active AC power source. The charging system takes about 12 hours to charge a fully discharged battery.

## Section 3

### Daily Checkout

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#### Emergency Ventilation Equipment Verification

- \*7. Verify that backup ventilation equipment is available and functional.

#### High Pressure System Verification

- \*8. Check the oxygen cylinder supplies.
  - A. Disconnect all pipeline gas supply hoses and drain the system.
  - B. Close the oxygen cylinder valve and remove the cylinder from the yoke. Verify that there is one cylinder gasket and there are two index pins. Verify that the cylinder matches the yoke label. Place the cylinder back in its yoke.
  - C. Open an oxygen cylinder and check the cylinder pressure gauge. A full oxygen cylinder registers about 1900 psi. Replace any cylinder with pressure less than 1000 psi. To check for a high pressure leak, close the cylinder and observe the cylinder pressure gauge for a prominent decrease in the pressure.
  - D. If the machine is equipped with dual oxygen yokes, repeat these procedures for the other cylinder yoke.
- \*9. Check the nitrous oxide cylinder supplies.
  - A. Close the nitrous oxide cylinder valve and remove the cylinder from the yoke. Verify that there is one cylinder gasket and there are two index pins. Verify that the cylinder matches the yoke label. Place the cylinder back in its yoke.
  - B. Open the nitrous oxide flow control valve until the nitrous oxide pipeline and cylinder pressure gauges indicate zero pressure. Open a nitrous oxide cylinder and check the cylinder pressure gauge. A full nitrous oxide cylinder registers about 745 psi. Replace any cylinder with a pressure less than 600 psi. To check for a high pressure leak, close the cylinder and observe the cylinder pressure gauge for a prominent decrease in the pressure.
  - C. If the machine is equipped with dual nitrous oxide cylinder yokes, repeat these procedures for the other cylinder yoke.



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### Daily Checkout

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- \*10. Check additional (optional) gas cylinder supplies.
- A. With the cylinder closed, open the flow control valve of the associated gas until the cylinder and pipeline pressure gauges (air only) indicate zero pressure.
  - B. Close the cylinder valve and remove the cylinder from the yoke. Verify that there is one cylinder gasket and there are two index pins. Verify that the cylinder matches the associated yoke label. Place the cylinder back in its yoke.
  - C. Open the associated flow control valve until the cylinder pressure gauges indicate zero pressure. Open the cylinder and check the cylinder pressure gauge. Replace the cylinder if its contents are insufficient for the intended procedure. To check for a high pressure leak, close the cylinder and observe the cylinder pressure gauge for a prominent decrease in the pressure.

**NOTE:** After testing all of the gas circuits, drain the oxygen circuit by closing the oxygen cylinder and actuating the oxygen flush button on the front of the anesthesia machine. Hold the button in until the pressure gauges indicate no pressure.

The following table shows the full and minimum pressures (E-size cylinders at 70°F, 21°C) for all gases available for the anesthesia machine.

GAS	PSI - FULL *	PSI - MIN
Air	1900	1000
Carbon Dioxide	838	600
Nitrous Oxide	745	600
Oxygen	1900	1000

\*typical full load

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### Daily Checkout

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#### Pipeline Supply System Verification

#### \*11. Pipeline Supply Verification

- A. Inspect the supply hoses for cracks or wear.
- B. Connect the appropriate hospital pipeline supply hoses from the wall outlet fittings to the pipeline inlet connectors.
- C. Check for sufficient pipeline pressure readings for each gas on the pipeline pressure gauges located below the flow control valves. The pressure for each gas must be between 50–55 psi. Open the flow control valve for each gas to a moderate value. The pressure indicated at the pipeline pressure gauge must not decrease more than 5 psi.
- D. Verify that the correct gases are supplied to the anesthesia machine inlets.

#### Low Pressure System Verification

#### \*12. Vaporizer Verification

- A. Check for sufficient supply of liquid anesthetic in the vaporizer(s). The liquid level indicated in the vaporizer sight glass must be between the minimum and maximum markings.
- B. Make sure the fill and drain valves are completely closed.
- C. Check the vaporizer exclusion device, which prevents more than one vaporizer from being activated simultaneously. Make sure that when one vaporizer handwheel is turned to a setting greater than 0, the others remain locked in their 0 positions. Test all of the vaporizer positions. Then, turn all vaporizers to the 0 position.

#### System Gas Circuit Verification

- \*13. Check the flowmeters. Adjust the flow control knob for each gas and verify the proper operation of the corresponding flowmeters. The float must move freely over the full range of each flowmeter.

#### Oxygen Monitor Calibration

- \*14. Calibrate the oxygen monitor by exposing the sensor to ambient air and activate the calibration key. (See *Operation - Oxygen Monitoring* “Calibrating the Oxygen Sensor” in Section 5 for more information.)
  - A. Place the oxygen sensor securely in the sensor mount.
  - B. Verify that the correct gas concentrations are supplied to the anesthesia system from the supply cylinders.

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### Daily Checkout

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	C.	Close the cylinder supplies and deplete the pressure from the system.
OFPD Verification	*15.	Check the oxygen failure protection device. With all gases available on the machine set to a flow of about 4 l/min, close the oxygen supply by disconnecting the oxygen pipeline supply hose and closing the oxygen cylinder(s). The flow of all other gases indicated by their flowmeters must decrease in proportion to the decrease in oxygen flow and eventually shut off.
ORC Verification	*16.	<p>Check the function of the ORC. With the nitrous oxide flow control valve open to a flow of 10 l/min, vary the oxygen flow with the oxygen flow control valve. The nitrous oxide flow indicated on the nitrous oxide flowmeter must automatically vary in response to the adjustment of the oxygen flow control valve.</p> <p>The ORC must maintain a fresh gas oxygen/nitrous oxide flow ratio of at least 25 ±4 % oxygen.</p> <p><b>NOTE:</b> When the nitrous oxide flow control valve is open and oxygen is flowing at a minimum rate (150–200 ml/min), nitrous oxide flows at approximately 500 ml/min.</p>
Oxygen Flush Verification	*17.	<p>Check the oxygen flush:</p> <p>A. Press the oxygen flush button and listen for an audible gas flow sound, accompanied by a marked increase in oxygen concentration in the breathing system.</p> <p>B. Check the delivered oxygen concentration. Repeatedly flush the patient breathing system by pressing the oxygen flush button. Open the oxygen flow control valve to a flow of 8 l/min and close the other flow control valves. The oxygen measurement display area should indicate 97% to 100% oxygen concentration.</p>
Fresh Gas Verification	*18.	Make sure all vaporizers are closed. Open the oxygen flow control valve to an 8 l/min flow and close all other flow control valves. Sniff the gas coming from the fresh gas common outlet. There should be no noticeable odor.
Bain Circuit Adapter Verification	*19.	Verify that the inner tube of the Bain circuit is intact and not occluded. First deliver a flow of oxygen to the Bain circuit through the fresh gas hose. Then occlude the inner tube of the Bain circuit. The oxygen flowmeter float should drop in response to the occlusion.

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As an alternate test, press the oxygen flush button with the Bain circuit's patient port open to the atmosphere. The high flow of gas through the Bain circuit's inner tube will draw in gas from the outer tube. As a result, the breathing bag should deflate. If the breathing bag does not deflate or it inflates, the fresh gas hose or inner tube may be improperly connected.

#### Absorber System Verification

- \*20. To check the absorber system:
- A. Check the hose connections in the breathing system.
  - B. Make sure the fresh gas hose of the breathing system is securely connected to the fresh gas outlet.
  - C. Make sure a 22 mm patient breathing circuit is connected between the inspiratory valve and the expiratory hose terminal on the ultrasonic flow sensor.
  - D. Make sure a 22 mm breathing hose is connected between the ventilator hose terminal and the manual/automatic selector valve breathing hose terminal.
  - E. Make sure a breathing bag of proper capacity and appropriate construction is connected to the breathing bag terminal of the breathing system.
  - F. Make sure the breathing pressure pilot line is properly connected between the BREATHING PRESSURE interface and either the absorber quick-connect fitting or the appropriate fitting at or near the patient Y-piece.
  - G. Make sure the oxygen sensor and respiratory volume sensor are properly installed.
- \*21. Make sure the absorber canisters are filled with CO<sub>2</sub> absorbent. Consult the absorbent manufacturer's literature for information on what signs to expect when the absorbent is exhausted. Replace the absorbent when it appears exhausted. Make sure that the color change represents the absorbent's true state of depletion and is not due to regeneration after a rest period. Flushing the anesthesia machine continuously with 100% oxygen for at least one minute before the first case of the day is recommended.

Remove accumulated absorbent dust and water from the absorber dust cup.

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### Daily Checkout

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**WARNING:** Absorbent is caustic and is a strong eye, skin, and respiratory tract irritant. When emptying the absorber dust cup, take care not to spill its caustic contents.

**NOTE:** When changing the CO<sub>2</sub> absorbent, take care not to chip or crack the absorbent canister. Check the canister for signs of damage, especially along the rim, before reinstallation.

22. Close all vaporizers and flow control valves. Check for free gas passage in the patient breathing system. Wear a surgical mask to inhale and exhale through the breathing system (each limb individually, if possible). Verify the unidirectional flow in each limb and then reconnect the tubing.

APL Valve

- \*23. Check the APL valve to be sure it can relieve excess gas from the breathing system into the scavenger system.

To check the APL valve's flow resistance:

- A. Set the manual/automatic selector valve to BAG.
- B. Remove the bag from the swivel arm bag mount.
- C. Interconnect the inspiratory valve and the expiratory hose terminal on the ultrasonic flow sensor with a 22 mm hose.
- D. Completely open the APL valve by turning the control knob fully counterclockwise to its stop position.
- E. Turn the SYSTEM POWER switch to ON.
- F. Open the oxygen flow control valve to a flow of 8 l/min.
- G. Occlude the bag mount opening and watch for a pressure increase on the breathing system pressure gauge. This pressure increase must not exceed 3 cmH<sub>2</sub>O.

Breathing System  
Leak Test

24. Perform a breathing and fresh gas delivery system pressure test. This test detects leaks from the patient breathing system and fresh gas delivery system.

To perform the test:

- A. Close all flow control valves on the anesthesia machine.

## Section 3

### Daily Checkout

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- B. Turn the SYSTEM POWER switch to the STANDBY position.
- C. Turn the vaporizers to 0% concentration.
- D. Interconnect the inspiratory valve and the expiratory hose terminal on the ultrasonic flow sensor with a 22 mm breathing hose.
- E. Set the manual/automatic selector valve to BAG.
- F. Close the APL valve by turning the knob fully clockwise to its stop position.
- G. Check that the breathing pressure gauge is on 0.
- H. Attach the supplied test terminal to the breathing bag mount.
- I. Connect a sphygmomanometer squeeze bulb (available from North American Dräger) to the hose barb on the test terminal.
- J. Pump the squeeze bulb by hand until the breathing system pressure gauge indicates pressure of at least 50 cmH<sub>2</sub>O (not to exceed 80 cmH<sub>2</sub>O).
- K. Observe the pressure drop at the breathing system pressure gauge. When the pressure is at 50 cmH<sub>2</sub>O, begin counting seconds. The pressure must not drop more than 20 cmH<sub>2</sub>O in 30 seconds.

#### Scavenger System

- \*25. Verify the performance of the scavenger system.

To test the open reservoir scavenger system:

- A. Make sure a 19 mm scavenger hose is connected between the ventilator relief valve and the scavenger interface.
- B. Make sure a 19 mm scavenger hose is connected between the APL valve on the absorber and the 19 mm hose terminal on the back of the absorber pole.
- C. Make sure a 19 mm scavenger hose is connected between the bottom of the absorber pole and the scavenger interface.

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### Daily Checkout

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- D. Check for moisture accumulation in the breathing and scavenger hoses. Remove any moisture found.
- E. Verify the safe performance of the open reservoir scavenging system. With the scavenging system properly installed and operating, test for positive and negative pressure relief.

To test for negative pressure relief:

- F. Connect a vacuum hose to the DISS threaded terminal on the left-hand side of the scavenger (or attach a wall suction hose onto the adapter's hose-barb fitting).
- G. Short-circuit the inspiratory valve and the expiratory hose terminal on the ultrasonic flow sensor with a 22 mm breathing hose.
- H. Set the absorber's manual/automatic selector valve to BAG.
- I. Turn the APL valve control knob fully counterclockwise.
- J. Verify that the suction waste gas disposal system is active.
- K. Adjust the scavenger needle valve to a flowmeter indication between the two white lines.
- L. Close all flow control valves on the anesthesia system.
- M. Occlude the absorber breathing bag terminal and observe the breathing pressure gauge on the absorber. The gauge should indicate only a negligible negative pressure (no lower than -0.5 cmH<sub>2</sub>O).

To test for positive pressure relief:

- N. Perform steps A through E.
- O. If the system is equipped with a PEEP valve, turn the PEEP valve control knob fully counterclockwise to its lowest setting.
- P. Adjust the scavenger needle valve to a completely closed position by turning it fully clockwise.
- Q. Open the oxygen flow control valve to a flow of 10 l/min and occlude the absorber breathing bag terminal.

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### Daily Checkout

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- R. The flow of oxygen must now exit through the relief ports located on top of the canister. The absorber system's breathing pressure gauge must indicate a pressure less than 5 cm H<sub>2</sub>O.
- S. After the test, adjust the scavenger needle valve to a flowmeter indication halfway between the two white lines.

To test the scavenger interface for passive systems:

- A. Make sure a 19 mm scavenger hose is connected between the ventilator relief valve and the scavenger interface.
- B. Make sure a 19 mm scavenger hose is connected between the APL valve on the absorber and the 19 mm hose terminal on the back of the absorber pole.
- C. Make sure a 19 mm scavenger hose is connected between the bottom of the absorber pole and the scavenger interface.
- D. Check for moisture accumulation in the breathing and scavenger hoses. Remove any moisture found.
- E. Short circuit the inspiratory valve and the expiratory hose terminal on the ultrasonic flow sensor with a 22 mm breathing hose.
- F. Set the absorber's manual/automatic selector valve to AUTO.
- G. If the system is equipped with a PEEP valve, turn the PEEP valve control knob fully counterclockwise to its lowest setting.
- H. Open the oxygen flow control valve to a flow of 10 l/min and occlude the 19 mm scavenger terminal labeled EXHAUST.
- I. After the ventilator bellows inflates, the flow of oxygen exits the system through the positive pressure safety relief valve. At this point, the absorber system's breathing pressure gauge must indicate a pressure of less than 10 cmH<sub>2</sub>O.



## Section 3

### Daily Checkout

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#### Manual and Automatic Ventilation Systems

#### \*26. Test the ventilator.

- A. Check for proper pressure and flow at the Y-piece during the inspiratory and expiratory phases. Turn the SYSTEM POWER switch and ventilator power switch to their ON positions. Place the manual/automatic selector valve in the AUTO position. Adjust the oxygen flow control valve to a 3 l/min flow. Set the ventilator frequency to 3 BPM, the I:E ratio to 1:2, and the tidal volume to about 1 liter. (If testing the Pediatric Bellows or Adult/Pediatric Bellows, adjust the tidal volume to 200 ml.)

Adjust the ventilator flow control to the maximum of the “low” zone on the flow gauge. Occlude the patient side of the Y-piece. Fill the ventilator bellows by pressing the oxygen flush button. Observe the breathing system pressure gauge as the ventilator cycles.

The pressure gauge must indicate a pressure over 30 cmH<sub>2</sub>O when the bellows completes its downward travel. The pressure should not exceed 3 cmH<sub>2</sub>O at the end of the expiratory phase when the bellows completes its upward travel.

- B. If the system is equipped with a PEEP valve, verify the PEEP valve's performance. Attach a breathing bag to the patient Y-piece with an appropriate adapter such as an NAD combination mask elbow with a 22 mm male fitting for the breathing bag and 15 mm male fitting for the Y-piece. With the manual/automatic selector valve in the AUTO position, set the ventilator to the preferred frequency.

Then adjust the PEEP valve to different values and observe the breathing system pressure gauge to verify performance. Turn the PEEP valve control knob fully counterclockwise to its lowest setting after the test is completed. Set the PEEP bypass switch to the PEEP OFF position.

#### Monitors

27. Check the alarm limit settings. The monitor alarm limits are automatically set to a default configuration when the SYSTEM POWER switch is turned on. Check these settings and adjust them if necessary. Alarm limits can be adjusted at the beginning of—or during—a procedure. Also, make sure that any external monitors (if any) are connected properly and that the alarms sound through the anesthesia machine's central audio annunciator.

## Section 3

### Daily Checkout

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|---|------|--|
|   | *28. | Test the alarm functions for all monitors. Simulate alarm conditions and check for appropriate alarm signals.  |
| System Flush  | 29.  | Flush the system with 100% oxygen by pressing the oxygen flush button.   |
| Fresh Gas Oxygen<br>Sensor Adapter<br>Option Verification | 30.  | If the optional fresh gas oxygen sensor adapter is installed, make sure the fresh gas hose connection is intact and not occluded. Verify that the oxygen analyzer is properly calibrated. (See <i>Operation - Oxygen Monitoring</i> "Calibrating the Oxygen Sensor" in Section 5 for more information.) When removing the oxygen sensor during calibration, insert the oxygen sensor port plug into the fresh gas adapter port.  |
| Final Position  | 31.  | When the daily checkout procedure is complete, verify that: <ul style="list-style-type: none"> <li>A. all vaporizers are off (the handwheels are set to zero)</li> <li>B. the APL Valve is open (fully counterclockwise)</li> <li>C. the manual/automatic switch is set to BAG</li> <li>D. all flowmeters indicate 0 (or minimum)</li> <li>E. the patient suction is level adequate</li> <li>F. the breathing system is ready to use (the bag is in place and all hoses are connected properly)</li> </ul> |

## Section 4

### Preuse Checkout

#### Preuse Checkout Procedure

Perform the following abbreviated checkout procedure when the Narkomed 2C is used in successive cases. It may be performed only after the initial daily checkout procedure given in Section 3 was performed. This is a recommended procedure. Follow your institution's policies regarding specific checkout procedures. If the anesthesia system fails any procedures identified by an asterisk (\*), do not use the machine. Contact a North American Dräger qualified technical service representative for inspection of the unit.

**NOTE:** Do not insert any additional components into or modify the anesthesia system after the checkout procedure is started.

#### Reserve Power Verification

- \*1. Check the reserve battery power. Make sure that the SYSTEM POWER switch is turned to the ON position. Remove the power plug from the outlet. Press the BATTERY TEST button on the main switch panel. The green indicator to the left of the test button must light. The yellow BATTERY LOW indicator must remain unlit. Plug the power cable back into the electrical outlet.

**NOTE:** This test assumes that the anesthesia machine has been plugged in for 12 hours. The battery charging system works only when the machine is connected to an active AC power source. The charging system takes about 12 hours to charge a fully discharged battery.

#### Bain Circuit Adapter Verification

- \*2. Verify that the inner tube of the Bain circuit is intact and not occluded. First deliver a flow of oxygen to the Bain circuit through the fresh gas hose. Then occlude the inner tube of the Bain circuit. The oxygen flowmeter float should drop in response to the occlusion.

As an alternate test, press the oxygen flush button with the Bain circuit's patient port open to the atmosphere. The high flow of gas through the Bain circuit's inner tube will draw in gas from the outer tube. As a result, the breathing bag should deflate. If the breathing bag does not deflate or it inflates, the fresh gas hose or inner tube may be improperly connected.

#### Absorber System Verification

- \*3. To check the absorber system:
  - A. Check the hose connections in the breathing system.
  - B. Make sure the fresh gas hose of the breathing system is securely connected to the fresh gas outlet.

## Section 4

### Preuse Checkout

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- C. Make sure a 22 mm patient breathing circuit is connected between the inspiratory valve and the expiratory hose terminal on the ultrasonic flow sensor.
  - D. Make sure a 22 mm breathing hose is connected between the ventilator hose terminal and the manual/automatic selector valve breathing hose terminal.
  - E. Make sure a breathing bag of proper capacity and appropriate construction is connected to the breathing bag terminal of the breathing system.
  - F. Make sure the breathing pressure pilot line is properly connected between the BREATHING PRESSURE interface and either the absorber quick-connect fitting or the appropriate fitting at or near the patient Y-piece.
  - G. Make sure the oxygen sensor and respiratory volume sensor are properly installed.
- \*4. Make sure the absorber canisters are filled with CO<sub>2</sub> absorbent. Consult the absorbent manufacturer's literature for information on what signs to expect when the absorbent is exhausted. Replace the absorbent when it appears exhausted. Make sure that the color change represents the absorbent's true state of depletion and is not due to regeneration after a rest period. Flushing the anesthesia machine continuously with 100% oxygen for at least one minute before the first case of the day is recommended.
- Remove accumulated absorbent dust and water from the absorber dust cup.
- WARNING:** Absorbent is caustic and is a strong eye, skin, and respiratory tract irritant. When emptying the absorber dust cup, take care not to spill its caustic contents.
- NOTE:** When changing the CO<sub>2</sub> absorbent, take care not to chip or crack the absorbent canister. Check the canister for signs of damage, especially along the rim, before reinstallation.
5. Close all vaporizers and flow control valves. Check for free gas passage in the patient breathing system. Wear a surgical mask to inhale and exhale through the breathing system (each limb individually, if possible). Verify the unidirectional flow in each limb and then reconnect the tubing.

## Section 4

### Preuse Checkout

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#### APL Valve

- \*6. Check the APL valve to be sure it can relieve excess gas from the breathing system into the scavenger system.

To check the APL valve's flow resistance:

- A. Set the manual/automatic selector valve to BAG.
- B. Remove the bag from the swivel arm bag mount.
- C. Interconnect the inspiratory valve and the expiratory hose terminal on the ultrasonic flow sensor with a 22 mm hose.
- D. Completely open the APL valve by turning the control knob fully counterclockwise to its stop position.
- E. Turn the SYSTEM POWER switch to ON.
- F. Open the oxygen flow control valve to a flow of 8 l/min.
- G. Occlude the bag mount opening and watch for a pressure increase on the breathing system pressure gauge. This pressure increase must not exceed 3 cmH<sub>2</sub>O.

#### Breathing System Leak Test

7. Perform a breathing and fresh gas delivery system pressure test. This test detects leaks from the patient breathing system and fresh gas delivery system.

To perform the test:

- A. Close all flow control valves on the anesthesia machine.
- B. Turn the SYSTEM POWER switch to the STANDBY position.
- C. Turn the vaporizers to 0% concentration.
- D. Interconnect the inspiratory valve and the expiratory hose terminal on the ultrasonic flow sensor with a 22 mm breathing hose.
- E. Set the manual/automatic selector valve to BAG.
- F. Close the APL valve by turning the knob fully clockwise to its stop position.
- G. Check that the breathing pressure gauge is on 0.

## Section 4 Preuse Checkout

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- H. Attach the supplied test terminal to the breathing bag mount.
- I. Connect a sphygmomanometer squeeze bulb (available from North American Dräger) to the hose barb on the test terminal.
- J. Pump the squeeze bulb by hand until the breathing system pressure gauge indicates pressure of at least 50 cmH<sub>2</sub>O (not to exceed 80 cmH<sub>2</sub>O).
- K. Observe the pressure drop at the breathing system pressure gauge. When the pressure is at 50 cmH<sub>2</sub>O, begin counting seconds. The pressure must not drop more than 20 cmH<sub>2</sub>O in 30 seconds.

### Scavenger System

- \*8. Verify the performance of the scavenger system.

To test the open reservoir scavenger system:

- A. Make sure a 19 mm scavenger hose is connected between the ventilator relief valve and the scavenger interface.
- B. Make sure a 19 mm scavenger hose is connected between the APL valve on the absorber and the 19 mm hose terminal on the back of the absorber pole.
- C. Make sure a 19 mm scavenger hose is connected between the bottom of the absorber pole and the scavenger interface.
- D. Check for moisture accumulation in the breathing and scavenger hoses. Remove any moisture found.
- E. Verify the safe performance of the open reservoir scavenging system. With the scavenging system properly installed and operating, test for positive and negative pressure relief.

To test for negative pressure relief:

- F. Connect a vacuum hose to the DISS threaded terminal on the left-hand side of the scavenger (or attach a wall suction hose onto the adapter's hose-barb fitting).

## Section 4

### Preuse Checkout

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- G. Short-circuit the inspiratory valve and the expiratory hose terminal on the ultrasonic flow sensor with a 22 mm breathing hose.
- H. Set the absorber's manual/automatic selector valve to BAG.
- I. Turn the APL valve control knob fully counterclockwise.
- J. Verify that the suction waste gas disposal system is active.
- K. Adjust the scavenger needle valve to a flowmeter indication between the two white lines.
- L. Close all flow control valves on the anesthesia system.
- M. Occlude the absorber breathing bag terminal and observe the breathing pressure gauge on the absorber. The gauge should indicate only a negligible negative pressure (no lower than -0.5 cmH<sub>2</sub>O).

To test for positive pressure relief:

- N. Perform steps A through E.
- O. If the system is equipped with a PEEP valve, turn the PEEP valve control knob fully counterclockwise to its lowest setting.
- P. Adjust the scavenger needle valve to a completely closed position by turning it fully clockwise.
- Q. Open the oxygen flow control valve to a flow of 10 l/min and occlude the absorber breathing bag terminal.
- R. The flow of oxygen must now exit through the relief ports located on top of the canister. The absorber system's breathing pressure gauge must indicate a pressure less than 5 cm H<sub>2</sub>O.
- S. After the test, adjust the scavenger needle valve to a flowmeter indication halfway between the two white lines.

## Section 4 Preuse Checkout

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To test the scavenger interface for passive systems:

- A. Make sure a 19 mm scavenger hose is connected between the ventilator relief valve and the scavenger interface.
- B. Make sure a 19 mm scavenger hose is connected between the APL valve on the absorber and the 19 mm hose terminal on the back of the absorber pole.
- C. Make sure a 19 mm scavenger hose is connected between the bottom of the absorber pole and the scavenger interface.
- D. Check for moisture accumulation in the breathing and scavenger hoses. Remove any moisture found.
- E. Short circuit the inspiratory valve and the expiratory hose terminal on the ultrasonic flow sensor with a 22 mm breathing hose.
- F. Set the absorber's manual/automatic selector valve to AUTO.
- G. If the system is equipped with a PEEP valve, turn the PEEP valve control knob fully counterclockwise to its lowest setting.
- H. Open the oxygen flow control valve to a flow of 10 l/min and occlude the 19 mm scavenger terminal labeled EXHAUST.
- I. After the ventilator bellows inflates, the flow of oxygen exits the system through the positive pressure safety relief valve. At this point, the absorber system's breathing pressure gauge must indicate a pressure of less than 10 cmH<sub>2</sub>O.

Manual and  
Automatic Ventilation  
Systems

- \*9. Test the ventilator.
  - A. Check for proper pressure and flow at the Y-piece during the inspiratory and expiratory phases. Turn the SYSTEM POWER switch and ventilator power switch to their ON positions. Place the manual/automatic selector valve in the AUTO position. Adjust the oxygen flow control valve to a 3 l/min flow. Set the ventilator frequency to 3 BPM, the I:E ratio to 1:2, and the tidal volume to about 1 liter. (If testing the Pediatric Bellows or Adult/Pediatric Bellows, adjust the tidal volume to 200 ml.)



## Section 4

### Preuse Checkout

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Adjust the ventilator flow control to the maximum of the “low” zone on the flow gauge. Occlude the patient side of the Y-piece. Fill the ventilator bellows by pressing the oxygen flush button. Observe the breathing system pressure gauge as the ventilator cycles.

The pressure gauge must indicate a pressure over 30 cmH<sub>2</sub>O when the bellows completes its downward travel. The pressure should not exceed 3 cmH<sub>2</sub>O at the end of the expiratory phase when the bellows completes its upward travel.

- B. If the system is equipped with a PEEP valve, verify the PEEP valve’s performance. Attach a breathing bag to the patient Y-piece with an appropriate adapter such as an NAD combination mask elbow with a 22 mm male fitting for the breathing bag and 15 mm male fitting for the Y-piece. With the manual/automatic selector valve in the AUTO position, set the ventilator to the preferred frequency.

Then adjust the PEEP valve to different values and observe the breathing system pressure gauge to verify performance. Turn the PEEP valve control knob fully counterclockwise to its lowest setting after the test is completed. Set the PEEP bypass switch to the PEEP OFF position.

#### Monitors

10. Check the alarm limit settings. The monitor alarm limits are automatically set to a default configuration when the SYSTEM POWER switch is turned on. Check these settings and adjust them if necessary. Alarm limits can be adjusted at the beginning of—or during—a procedure. Also, make sure that any external monitors (if any) are connected properly and that the alarms sound through the anesthesia machine’s central audio annunciator.
- \*11. Test the alarm functions for all monitors. Simulate alarm conditions and check for appropriate alarm signals.

#### System Flush

12. Flush the system with 100% oxygen by pressing the oxygen flush button.

## Section 4

### Preuse Checkout

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- |   |     |   |
|---|-----|---|
| Fresh Gas Oxygen<br>Sensor Adapter<br>Option Verification | 13. | If the optional fresh gas oxygen sensor adapter is installed, make sure the fresh gas hose connection is intact and not occluded. Verify that the oxygen analyzer is properly calibrated. (See <i>Operation - Oxygen Monitoring</i> “Calibrating the Oxygen Sensor” in Section 5 for more information.) When removing the oxygen sensor during calibration, insert the oxygen sensor port plug into the fresh gas adapter port.   |
| Final Position  | 14. | When the daily checkout procedure is complete, verify that: <ul style="list-style-type: none"><li>A. all vaporizers are off (the handwheels are set to zero)</li><li>B. the APL Valve is open (fully counterclockwise)</li><li>C. the manual/automatic switch is set to BAG</li><li>D. all flowmeters indicate 0 (or minimum)</li><li>E. the patient suction is level adequate</li><li>F. the breathing system is ready to use (the bag is in place and all hoses are connected properly)</li></ul> |

## Section 5 - Operation Gas Delivery System

### Overview

The Narkomed 2C is a continuous flow anesthesia system with pneumatic circuitry for mixing and delivering gases and anesthetic agent vapor. The pneumatic system can deliver up to four gases and one anesthetic agent simultaneously. Oxygen and nitrous oxide are standard on all machines. Available optional gases include air and carbon dioxide. Up to three vaporizers can be mounted on the machine. Available vaporizers are for halothane, enflurane, isoflurane, sevoflurane, and desflurane.

### Connecting the Pipeline Gas Supply

Gas from the hospital pipelines enters the Narkomed 2C through hoses connected to indexed inlets located on the side of the flowmeter housing. Depending on the country's standards and regulations, the available inlets are Diameter-Indexed Safety System (DISS) inlets (body or nut fitting), or National Institute for Standards and Technology (NIST) inlets.

To connect a pipeline supply:

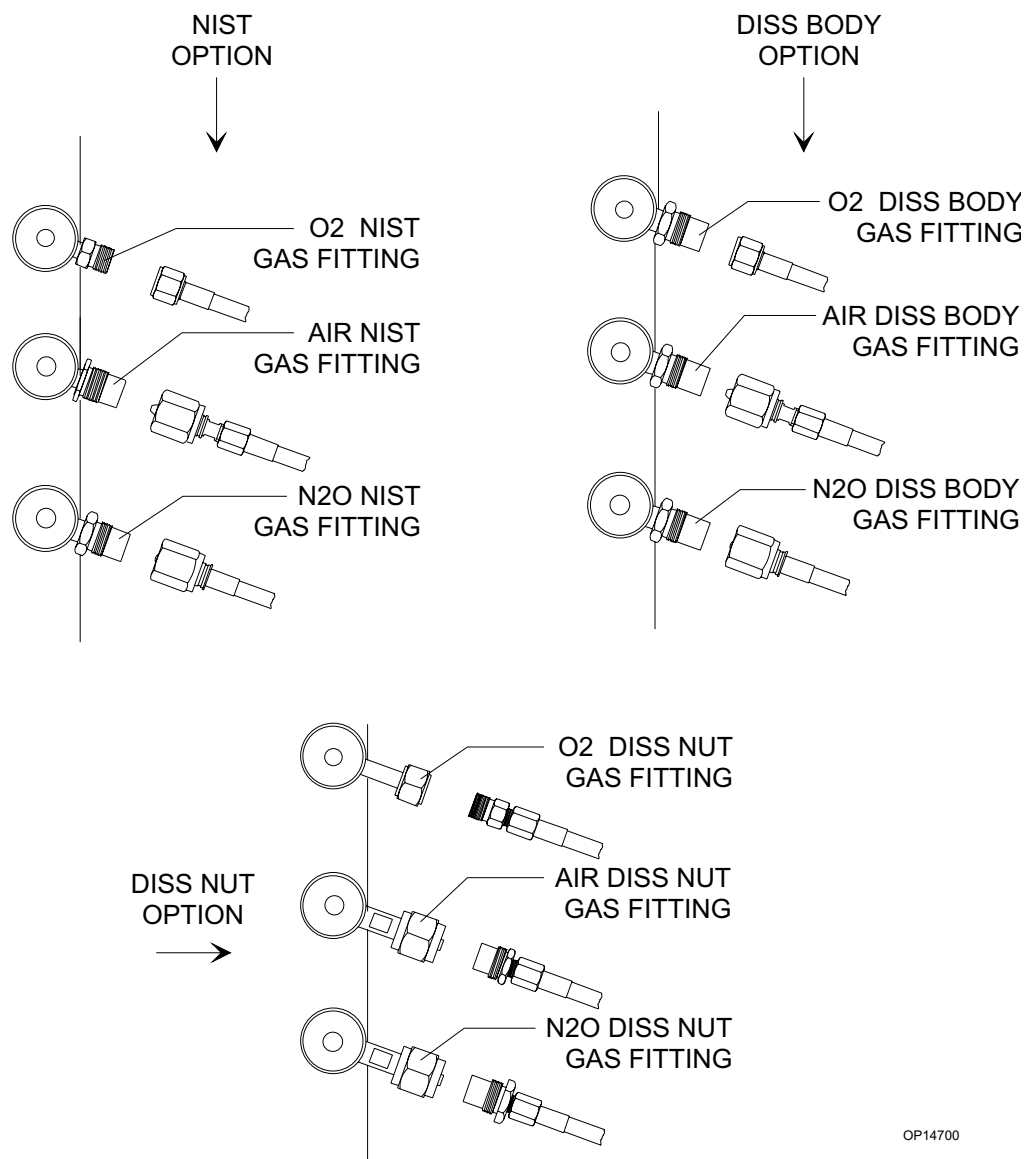
1. Connect the gas fitting on the supply hose to the corresponding gas fitting on the side of the flowmeter housing. Use a wrench to tighten the hex nut.

**WARNING:** Carefully check hoses each time you connect a machine to a wall or ceiling outlet to ensure that both ends of the hose are indexed for the same gas. Pipeline delivery hoses used between wall outlets and anesthesia machines have caused accidents when an oxygen fitting was placed on one end of the hose and a nitrous oxide fitting on the other end.

2. Connect the other end of the supply hose to the appropriate functioning hospital pipeline supplies.
3. Check the pipeline pressure gauge on the front of the Narkomed 2C for sufficient pipeline pressure (50-55 psi).

## Section 5 - Operation

### Gas Delivery System



OP14700

#### Connecting the Gas Cylinders

When attaching a cylinder, make sure that only one washer is installed between the cylinder and the yoke gas inlet. Using multiple washers can compromise the pin-indexed safety system. Be sure to verify the integrity of both index pins when installing a new cylinder.

To connect a gas cylinder to its yoke:

1. Place a new washer on the seat of the yoke gas inlet connection.

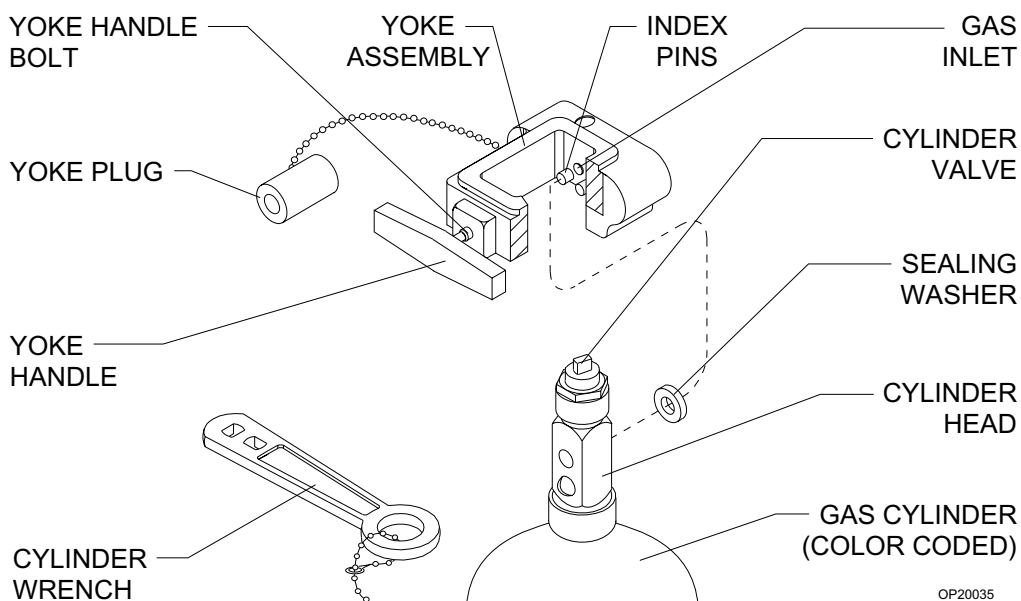
**WARNING:** Use only one cylinder washer for each yoke. Using more than one washer could cause cylinder gas leakage and compromise the pin-indexing system.

## Section 5 - Operation Gas Delivery System

2. Verify that the two index pins below the gas inlet are intact.

**WARNING:** Check cylinder yokes for the presence of two index pins each time you attach a cylinder to the machine.

3. Insert the head of a gas cylinder with matching gas into the yoke from below, so the gas outlet and indexing holes on the cylinder head face the gas inlet and indexing pins on the yoke assembly.
4. Engage the indexing holes with the index pins. Screw the yoke handle clockwise against the cylinder head, so the point of the yoke handle bolt is aligned with the countersunk recess on the back of the cylinder head.
5. Verify that the sealing washer is in place, that the index pins are engaged, and that the cylinder hangs vertically. Tighten the handle securely.



OP20035

## Section 5 - Operation

### Gas Delivery System

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#### Connecting the Fresh Gas Hose

To connect the fresh gas hose, pull out the fresh gas locking bar located on the front of the Narkomed 2C to its extended position. Insert the 15 mm male fitting on the fresh gas hose into the 15 mm female terminal. Release the spring-loaded locking bar over the fitting, allowing it to “lock” the fitting into place.

**WARNING:** Do not pinch or kink the fresh gas hose leading from the fresh gas outlet to the absorber.

#### Adjusting the Gas Flow

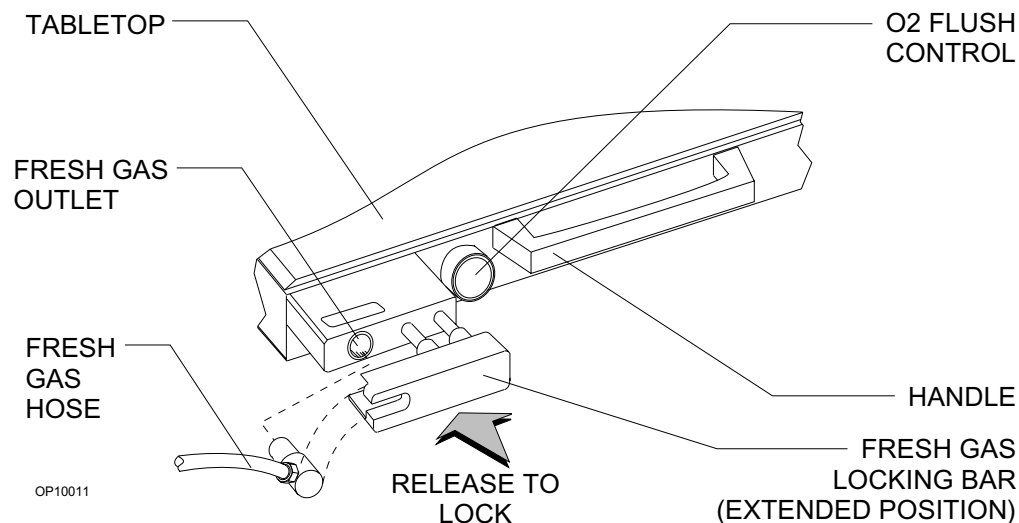
To adjust the gas flow:

1. Turn the flow control knob located below the fine flowmeter tube for the preferred gas. Turning the valve knob counterclockwise increases flow. Turning the knob clockwise decreases flow.
2. While adjusting the flow control knob, observe the flow rate. Flow rate is indicated by the flowmeter scale reading at the center of the float.

**CAUTION:** The flow of oxygen cannot be completely shut off (see “Minimum Oxygen Flow” in *Section 2 - General Description*). Do not force the oxygen flow control knob past the zero stop to shut off the minimum flow. Forcing the knob can damage the valve seat.

#### Using the Oxygen Flush

To use the oxygen flush, press the oxygen flush button, located on the front of the machine, for a few seconds. This introduces an unmetered flow of pure oxygen into the breathing circuit at a rate of about 55 l/min.



## Section 5 - Operation Vaporizer

### Overview

The Vapor 19.1 adds an anesthetic gas to the fresh gas stream by producing a precisely metered amount of the vapor of a particular liquid anesthetic. The vaporizer is installed in the fresh gas line upstream of the patient breathing system (semi-closed, semi-open system).

**WARNING:** The vaporizer must not be connected downstream of the fresh gas outlet of the anesthesia machine.

For low flow (fresh gas flows lower than 250 ml/min) or closed system anesthesia, breathing circuit concentrations may differ considerably from the vaporizer setting. When performing anesthesia with low flow or closed system techniques, it is essential to monitor inspiratory and expiratory anesthesia concentration, oxygen concentration, expiratory volume, and airway pressure in the circuit.

The carrier gases used must be dry and free of oil and dust. The limits for moisture are as follows:

- dew point of oxygen  $\leq 5^{\circ} \text{C}$
- dew point of air  $\leq 5^{\circ} \text{C}$
- water contents of nitrous oxide  $\leq 2 \text{ mg/l}$

**NOTE:** For information on the Tec 6 desflurane vaporizer, refer to its instruction manual.

### Filling Systems

Two filling systems are available for the Vapor 19.1:

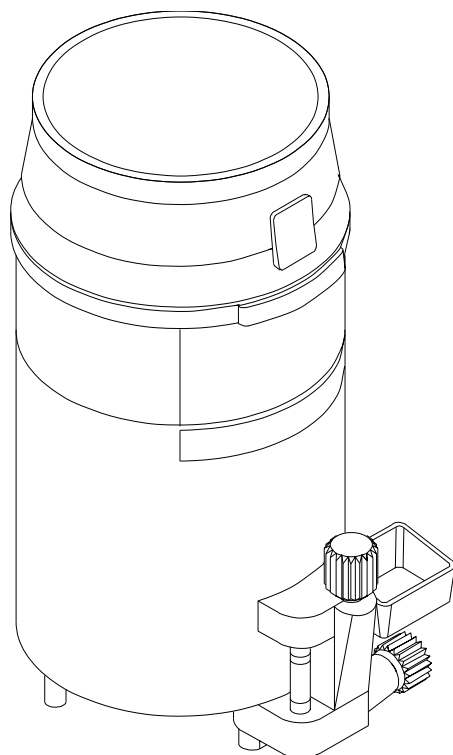
- open-funnel system
- key-indexed safety system

The following figure shows vaporizers with the two different types of available filling systems.

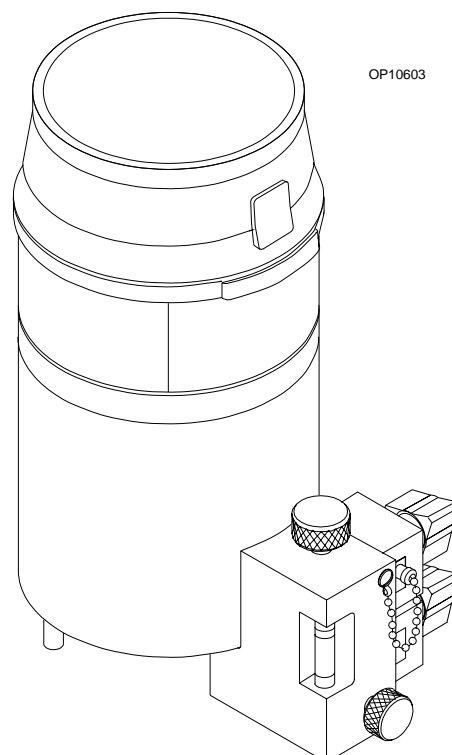
## Section 5 - Operation

### Vaporizer

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OPEN FUNNEL FILLER



KEY INDEXED  
SAFETY SYSTEM

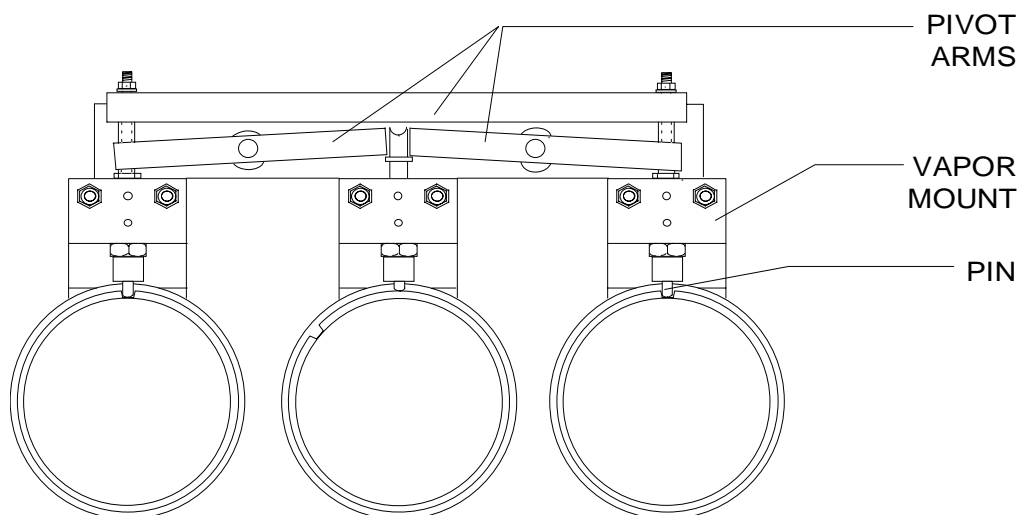
#### North American Dräger Exclusion System

A cam and lever exclusion (interlock) system incorporated into the vaporizer bank prevents more than one vaporizer from being activated at a time. The exclusion system requires all unused vaporizers to be locked in their zero percent positions.

**WARNING:** Only one vaporizer can be activated at a time. If the exclusion system permits simultaneous activation of two or more vaporizers and the anesthesia machine is turned on, the Caution message MULTI VAP SEL appears on the remote display. Do not use the anesthesia machine under these circumstances. Contact a North American Dräger qualified technical service representative for adjustment.



## Section 5 - Operation Vaporizer



### Operating the Vaporizers

Before each case, check the following items.

1. Make sure the vaporizer contains a sufficient amount of anesthetic agent as indicated in the sight glass.
2. Make sure the filling and draining valves are closed. For vaporizers with the key-indexed safety system, make sure the sealing plug is properly fitted and locking screw is tight.
3. Make sure the handwheel is set to 0 (zero-point interlock) and that the button is engaged.

**NOTE:** The Narkomed 2C is configured internally with information about what types of vaporizers are located in the vaporizer positions (left, center, and right). If a vaporizer is installed and the Narkomed's internal configuration is not set, the Advisory message VAP NOT CONFIG appears on the remote display. If this happens, contact a North American Dräger qualified technical service representative to configure the system.

### Turning the Vaporizer On

To turn the vaporizer on:

1. Adjust the fresh gas flow.
2. Turn the vaporizer handwheel to the preferred anesthetic concentration. Do not set the handwheel between 0 and 0.2% volume concentration (0.3% volume with Enflurane Vapor). This part of the handwheel actuates the on/off switch and cannot be calibrated.

## Section 5 - Operation Vaporizer

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**NOTE:** After turning on the vaporizer, activate the scavenger system to collect and remove vented gas from the operating room.

### Turning the Vaporizer Off

To turn the vaporizer off, turn the vaporizer handwheel to 0 (zero-point interlock) and make sure the button engages. Do not interrupt the fresh gas flow until you have turned off the vaporizer.

**NOTE:** If you will not be using the vaporizer for a long period of time (longer than one month), or if the vaporizer will be removed from the anesthesia machine, drain the anesthetic agent from the vaporizer.

### Filling the Vaporizer

Before filling a vaporizer, identify the filling system on the device as one of the following:

- open-funnel system
- key-indexed safety system

When you have identified the filling system, locate the appropriate procedure and read it entirely before filling the device.

**WARNING:** Do not inhale anesthetic vapors while filling the vaporizer. Uncontrolled inhalation of anesthetic vapors is injurious to health.

Before filling a vaporizer, note the expiration date of the anesthetic agent. Do not use anesthetics beyond the date of expiration.

**CAUTION:** Each vaporizer is specifically designed and calibrated for one particular anesthetic agent. Do not fill a vaporizer with any anesthetic other than the particular agent indicated on the vaporizer.

- The Isoflurane vaporizer must be filled with Isoflurane only (trade names: Forane, Forene, Aerrane).
- The Enflurane vaporizer must be filled with Enflurane only (trade names: Ethrane, Alyrane).
- The Halothane vaporizer must be filled with Halothane only (trade name: Fluothane).
- The Desflurane vaporizer must be filled with Desflurane only (trade name: Suprane).
- The Sevoflurane vaporizer must be filled with Sevoflurane only (trade name: Ultane).

## Section 5 - Operation Vaporizer

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Do not use a vaporizer that has been inadvertently filled with the wrong anesthetic. Drain the vaporizer and return the device to North American Dräger's Technical Service Department.

### Filling the Vaporizer During a Case

If you must fill the vaporizer during a case, be extremely careful. While fresh gas is flowing and the vaporizer is turned on, the vaporizing chamber is pressurized. **Do not** open the inlet valve (or the screw of the safety filling device) under these circumstances—liquid anesthetic may gush out. To safely add anesthetic agent while the machine is in use, depressurize the vaporizer by setting the handwheel to 0 (zero-point interlock). Make sure the button engages in the locked position. Allow at least 5 seconds for the vaporizing chamber to depressurize, then use the appropriate procedure to add the anesthetic agent.

**WARNING:** The vaporizer handwheel must be set to 0 (zero-point interlock) before the vaporizer can be filled.

### Filling Vaporizer With Open-Funnel System

1. With the vaporizer in an upright position, turn the handwheel to 0 (zero-point interlock) and make sure the button engages in the locked position.
2. Make sure the filling spout is clean. To remove dust or other particles, use a clean, dry paper towel. Do not use water or other liquid cleaning solutions.
3. Make sure the drain valve is closed.
4. Open the inlet valve by turning it counterclockwise about three turns.

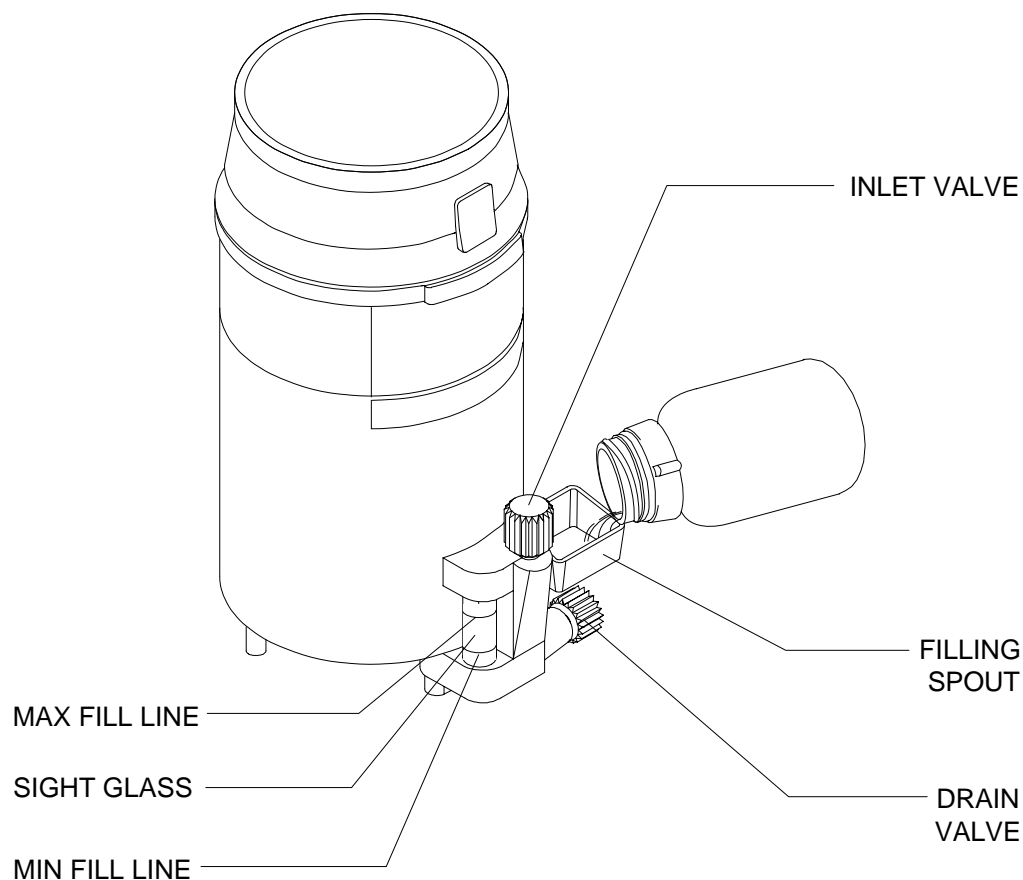
**CAUTION:** Be sure to fill the vaporizer in an upright position. Filling the vaporizer in a tilted position can cause overfilling. Overfilling can cause the anesthetic concentration rate to be higher or lower than the handwheel setting.

5. Remove the cap from the anesthetic agent bottle. Check the sealing edge of the bottle for chipping or other damage. **Do not** use if damaged.

## Section 5 - Operation

### Vaporizer

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6. With the vaporizer in an upright position, pour the anesthetic agent into the funnel. As you pour the agent, observe the level through the sight glass. Fill the vaporizer to the MAX mark and close the inlet valve.

**NOTE:** The capacity of the vaporizer is approximately 140 cm<sup>3</sup> with wet wick, and approximately 200 cm<sup>3</sup> with dry wick.

7. After filling, check the level at the sight glass. When the vaporizer is in an upright position, the level must not exceed the MAX mark.

If the vaporizer is inadvertently overfilled (MAX mark exceeded), drain the excess anesthetic. For information on draining the vaporizer, refer to “Draining Vaporizer with Open-Funnel Spout” later in this section.

8. Place the cap back on the bottle.

## Section 5 - Operation Vaporizer

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### Filling Vaporizer With Key-Indexed Safety System

The key-indexed safety system uses a matching assembly to prevent inadvertent use of the wrong agent in a Vapor 19.1 device. To fill a vaporizer with key-indexed safety system, you must have the appropriate keyed bottle adapter for the anesthetic agent.

1. With the vaporizer in an upright position, turn the handwheel to 0 (zero-point interlock) and make sure the button engages in the locked position.
2. Remove the cap and seal from the anesthetic agent bottle. Check the sealing edge of the bottle for chipping or other damage. **Do not** use the bottle if it is damaged.
3. Attach the keyed bottle adapter to the keyed collar on the bottle. Screw the parts together tightly to form an airtight seal.
4. Turn the filler port lock screw counterclockwise and remove the filler port plug from the filler port.
5. Insert the keyed adapter into the filler port of the vaporizer so that the two holes in the adapter face the Teflon seal surface of the filler port. Bend the filler tube so that the liquid level in the bottle is below the filler port. Adjust the plastic tubing to avoid kinks.
6. Turn the filler port lock screw clockwise to hold the adapter against the Teflon seal.
7. Open the filler valve by turning the knob counterclockwise two or three turns.

**CAUTION:** Be sure to fill the vaporizer in an upright position. Filling the vaporizer in a tilted position can cause overfilling. Overfilling can cause the anesthetic concentration rate to be higher or lower than the handwheel setting.

8. Lift the bottle above the filler port level, avoiding kinks in the plastic tube. The liquid should begin flowing within 10 seconds after raising the bottle. If liquid does not begin to flow within 10 seconds, move the bottle below filler port level and raise it above the filler port again. (This allows any air trapped in the tubing to escape.) Repeat as necessary to start the flow.

## Section 5 - Operation

### Vaporizer

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9. Watch the sight glass while the vaporizer is filling, and close the filler valve when the liquid level reaches the lower of the two marks at the upper end of the sight glass. The lower mark is the FULL mark. The upper mark is the OVERFLOW mark.

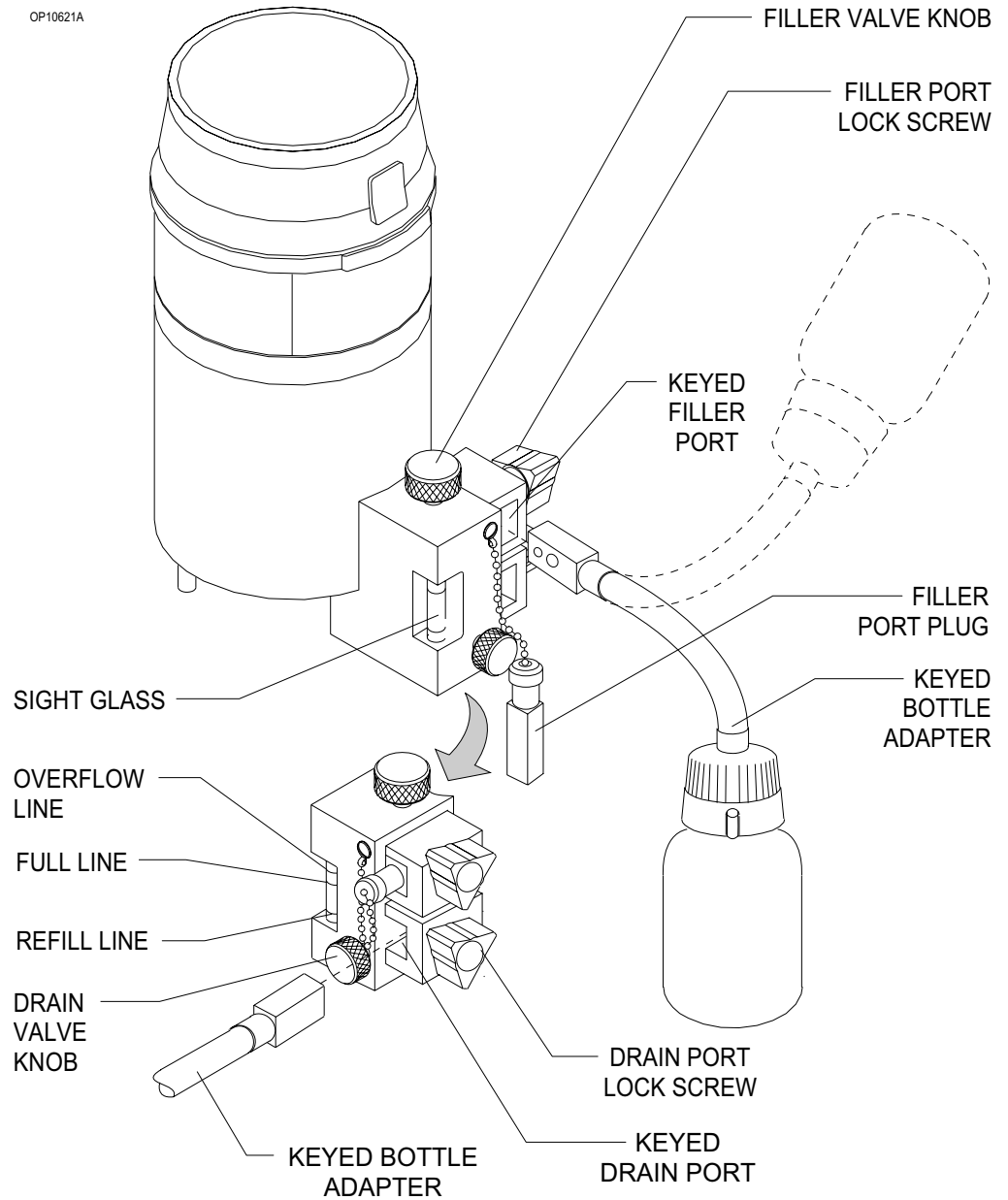
**NOTE:** The capacity of the vaporizer is approximately 140 cm<sup>3</sup> with wet wick, and approximately 200 cm<sup>3</sup> with dry wick.

10. Remove the adapter from the filler port.
11. Allow excess liquid to drain from the filler port.
12. Fully insert the filler port plug in the filler port and tighten the plug in place by turning the lock screw clockwise.
13. After filling, check the level at the sight glass. When the vaporizer is in an upright position, the level must not exceed the FULL mark.

If the vaporizer is inadvertently overfilled (FULL mark exceeded), drain the excess anesthetic. For information on draining the vaporizer, refer to "Draining Vaporizer with Key-Indexed Safety System" later in this section.

14. Remove the adapter from the bottle.
15. Place the cap back on the bottle.

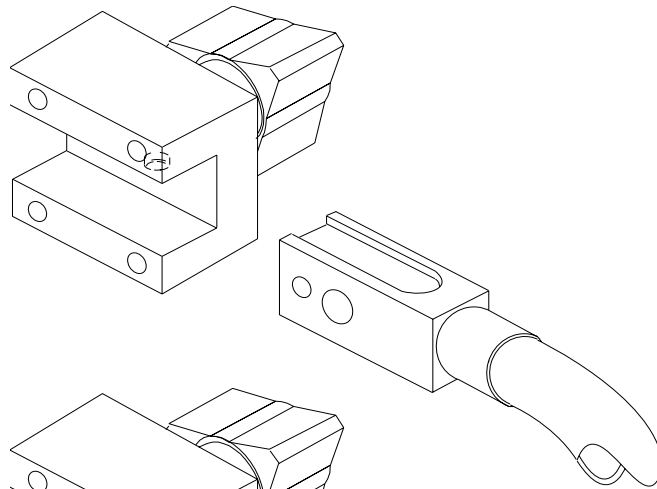
## Section 5 - Operation Vaporizer



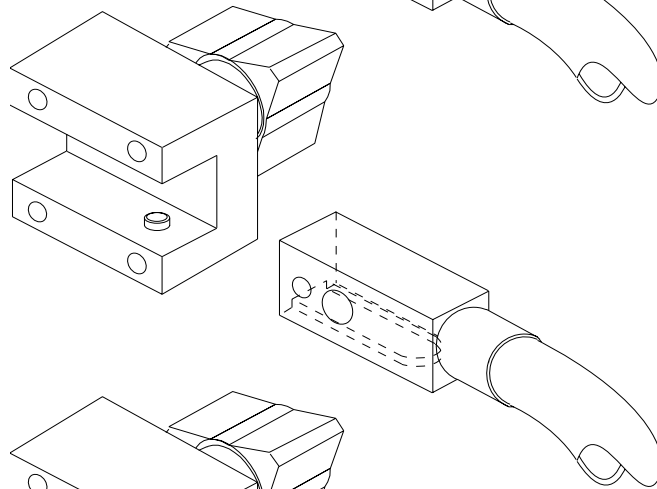
## Section 5 - Operation

### Vaporizer

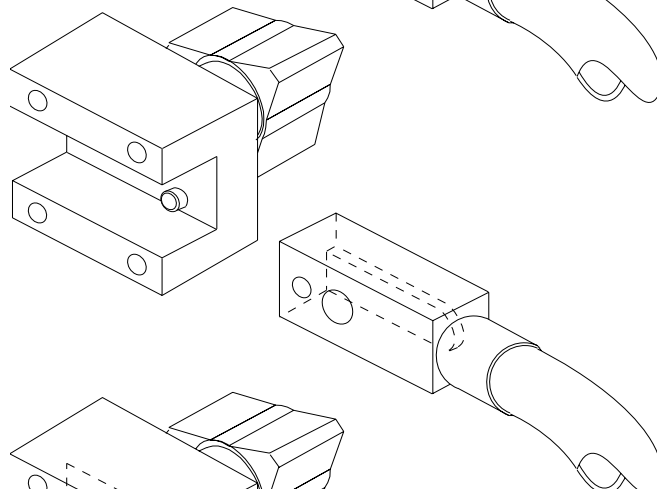
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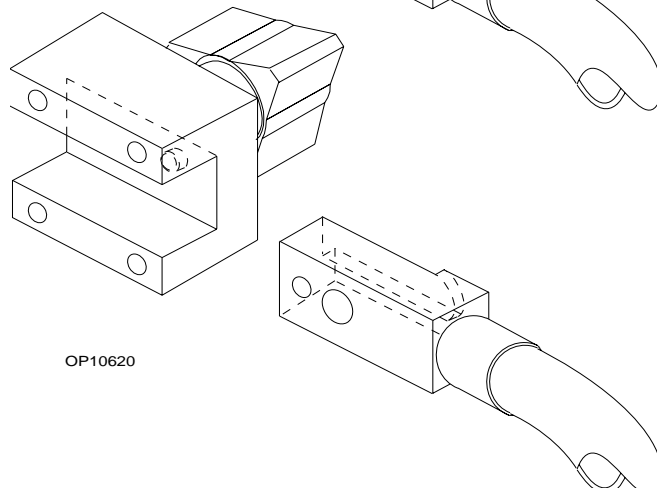
HALOTHANE  
(RED)



ENFLURANE  
(ORANGE)



ISOFLURANE  
(PURPLE)



SEVOFLURANE  
(YELLOW)

OP10620



## Section 5 - Operation Vaporizer

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### Draining the Vaporizer

Before draining a vaporizer, identify the filling system on the device as one of the following:

- open-funnel system
- key-indexed safety system

When you have identified the filling system, locate the appropriate procedure and read it entirely before draining the device.

**WARNING:** Do not inhale anesthetic vapors while draining the vaporizer. Uncontrolled inhalation of anesthetic vapors is injurious to health.

### Draining Vaporizer With Open-Funnel System

1. With the vaporizer in an upright position, turn the handwheel to 0 (zero-point interlock) and make sure the button engages in the locked position.
2. Place an empty anesthetic-specific bottle under the drain hole of the filling spout. Mark the bottle to indicate that it contains a previously used anesthetic agent.

**WARNING:** The vaporizer handwheel must be set to 0 (zero-point interlock) before the vaporizer can be drained.

3. Open the drain valve by turning it counterclockwise about three turns. Do not unscrew the valve completely.
4. Close the drain valve.

**WARNING:** Do not reuse drained agent.

5. Place the cap back on the bottle and dispose of the bottle in accordance with approved hospital procedures.

## Section 5 - Operation

### Vaporizer

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#### Draining Vaporizer With Key-Indexed Safety System

The key-indexed safety system employs a matching pin-and-socket assembly to prevent inadvertent use of the wrong agent in a Vapor 19.1 device. To drain a vaporizer with key-indexed safety system valves, you must have the appropriate keyed bottle adapter for the anesthetic agent.

1. With the vaporizer in an upright position, turn the handwheel to 0 (zero-point interlock) and make sure the button engages in the locked position.
2. Attach the keyed bottle adapter to the appropriate empty bottle. Tighten to assure airtight seal. Mark the bottle to indicate that it contains a previously used anesthetic.
3. Insert the bottle adapter fitting into the drain port of the vaporizer. The two holes in the adapter fitting must face the Teflon seal surface in the drain port.
4. Turn drain port lock screw clockwise to hold the adapter against the Teflon seal.

**WARNING:** The vaporizer handwheel must be set to 0 (zero-point interlock) before the vaporizer can be drained.

5. Hold the bottle below drain port level, and avoid kinking the plastic tube. Open the drain valve by rotating the knob counterclockwise. Allow the liquid to drain into the bottle until the vaporizer is empty. The vaporizer is empty when no anesthetic flows from the drain.
6. Close the drain valve and remove the adapter from the drain port.

**WARNING:** Do not reuse drained agent.

7. Place the cap back on the bottle and dispose of the bottle in accordance with approved hospital procedures.

## **Section 5 - Operation Absorber System**

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**REFER TO SEPARATE MANUAL**

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## **Section 5 - Operation Bain Circuit Adapter**

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**REFER TO SEPARATE MANUAL**

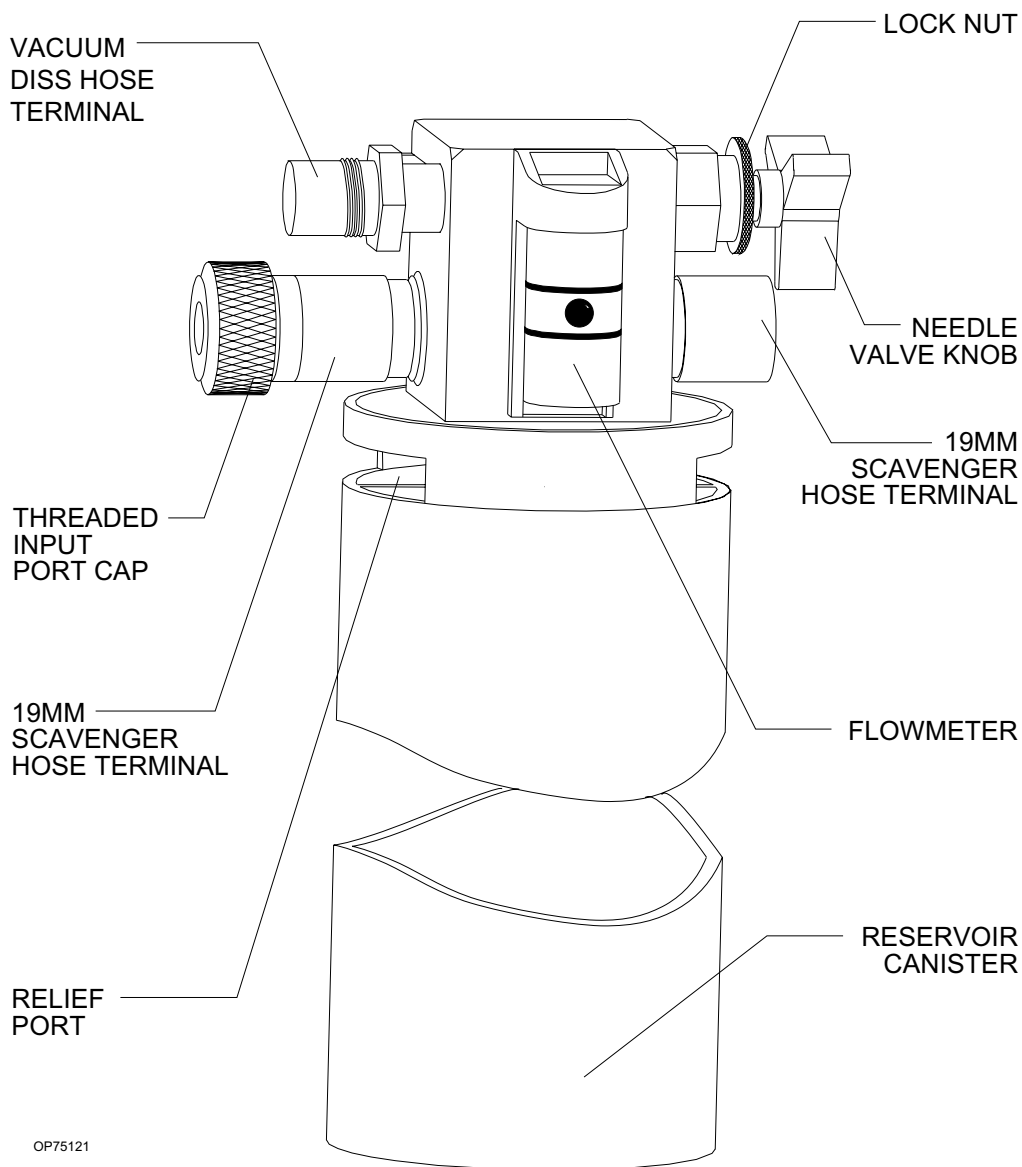
[RETURN TO CD-ROM TABLE OF CONTENTS](#)

## Section 5 - Operation

### Open Reservoir Scavenger

#### Overview

The open reservoir scavenger is intended for use with suction (vacuum) waste gas disposal systems. This scavenging approach applies a continuous suction to transfer waste gas from the scavenger to the disposal system. The open reservoir scavenger is an “open” system, which uses continually open relief ports to provide positive and negative pressure relief.



## Section 5 - Operation

### Open Reservoir Scavenger

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#### Connecting the Open Reservoir Scavenger System

The open reservoir scavenger system is installed on the Narkomed 2C before shipping. The only thing you need to do before operating the scavenger is to make the hose connections.

**CAUTION:** Take special care not to accidentally force 19 mm scavenger hoses over 22 mm breathing hose terminals. Carefully follow the hose connection instructions for installing the scavenger and the absorber.

To connect the scavenger hoses:

1. Attach a 19 mm scavenger hose between the 19 mm terminal (marked SCAVENGER HOSE) on the bottom of the absorber pole and the 19 mm terminal (marked SCAVENGER HOSE) on the right side of the scavenger.

**WARNING:** Make sure the 19 mm scavenger hoses leading from the absorber are not pinched, kinked, or blocked in any manner.

2. Attach the short 19 mm scavenger hose between the 19 mm terminal (marked SCAVENGER HOSE) on the rear of the APL valve and the 19 mm terminal (marked SCAVENGER HOSE) on the rear of the absorber pole.
3. Attach another 19 mm scavenger hose between the 19 mm terminal (marked SCAVENGER HOSE) on the ventilator relief valve and the 19 mm terminal (marked SCAVENGER HOSE) on the left-hand side of the scavenger.

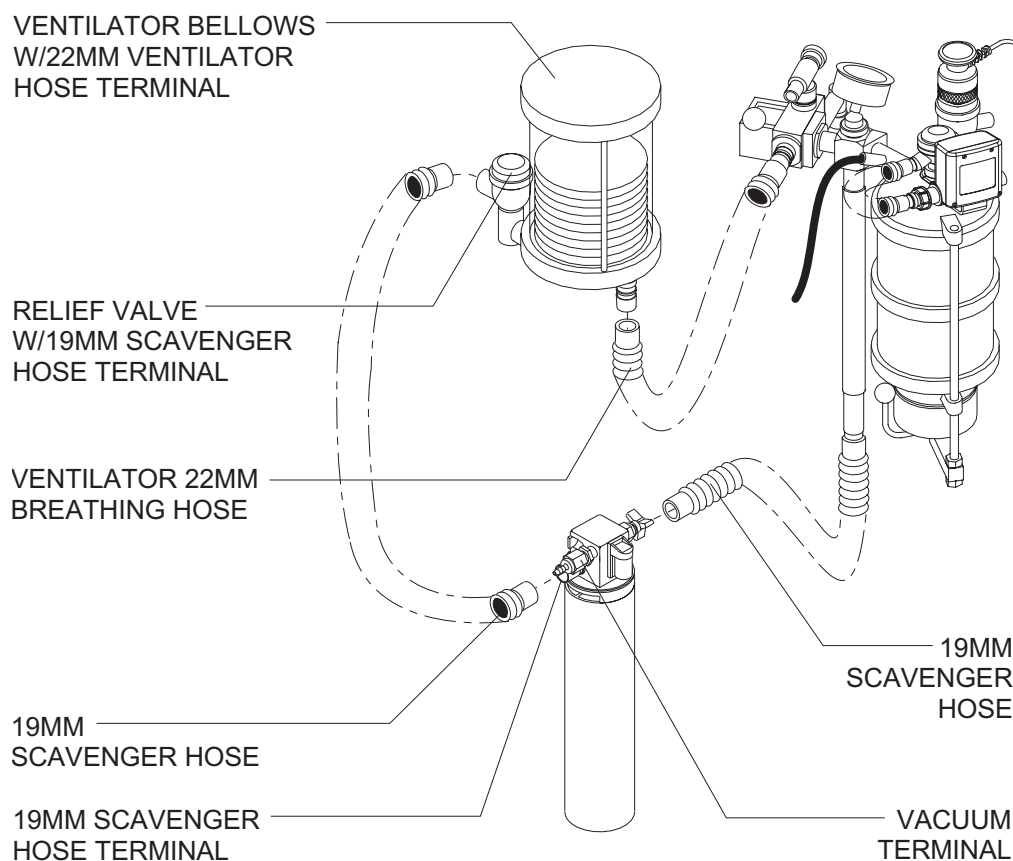
**WARNING:** Make sure the 19 mm scavenger hose leading from the ventilator relief valve is not pinched, kinked, or blocked in any manner.

4. Attach a wall suction hose between the wall suction outlet and the suction terminal (DISS or hose barb with adapter) on the scavenger.
5. Verify the proper functioning of the scavenger system.



## Section 5 - Operation

### Open Reservoir Scavenger



OP75123A

#### Operating the Open Reservoir Scavenger System

Because the open reservoir scavenger's reservoir canister is open to the atmosphere, it does not require spring-loaded relief valves. If the waste gas flow rate from the patient breathing system exceeds the disposal system's suction flow rate, the canister initially accommodates excess waste gas. After excess waste gas fills the canister, waste gas then exits through the relief ports around the top of the canister. Thus, positive pressure does not build up within the patient breathing system.

**CAUTION:** Waste gas vented from the relief ports may contaminate the operating room. To prevent such contamination, be sure to adjust the needle valve properly.

If the disposal system's flow rate (suction) exceeds the waste gas flow rate from the patient breathing system, the disposal system draws room air through the relief ports. Thus, the disposal system does not apply a negative pressure to the patient breathing system.

## Section 5 - Operation

### Open Reservoir Scavenger

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#### Adjusting the Needle Valve

You must properly adjust the waste gas flow rate to prevent waste gas contamination of the operating room. The needle valve wing nut regulates the waste gas exhaust flow.

To adjust the needle valve:

1. Attach all appropriate hoses and verify that the waste gas disposal system is active.
2. Turn the needle valve wing nut until the flowmeter indicates a flow halfway between the two white lines etched on the scavenger's flowmeter. This setting corresponds to a suction flow rate of about 25 l/min.

Depending on the fresh gas flow rate, the needle valve setting may have to be increased or decreased to settings either above or below the lines on the flowmeter. If the suction flow rate is set too low, waste gas will exit the canister through the relief ports around the top of the canister and contaminate the operating room. If the suction flow rate is too high, the waste gas disposal system's suction capacity will be needlessly depleted and the system will be noisy.

You may have to readjust the needle valve setting during a case. For example, a shared suction disposal system may provide a varying suction flow rate, depending on the number of users at any given time.

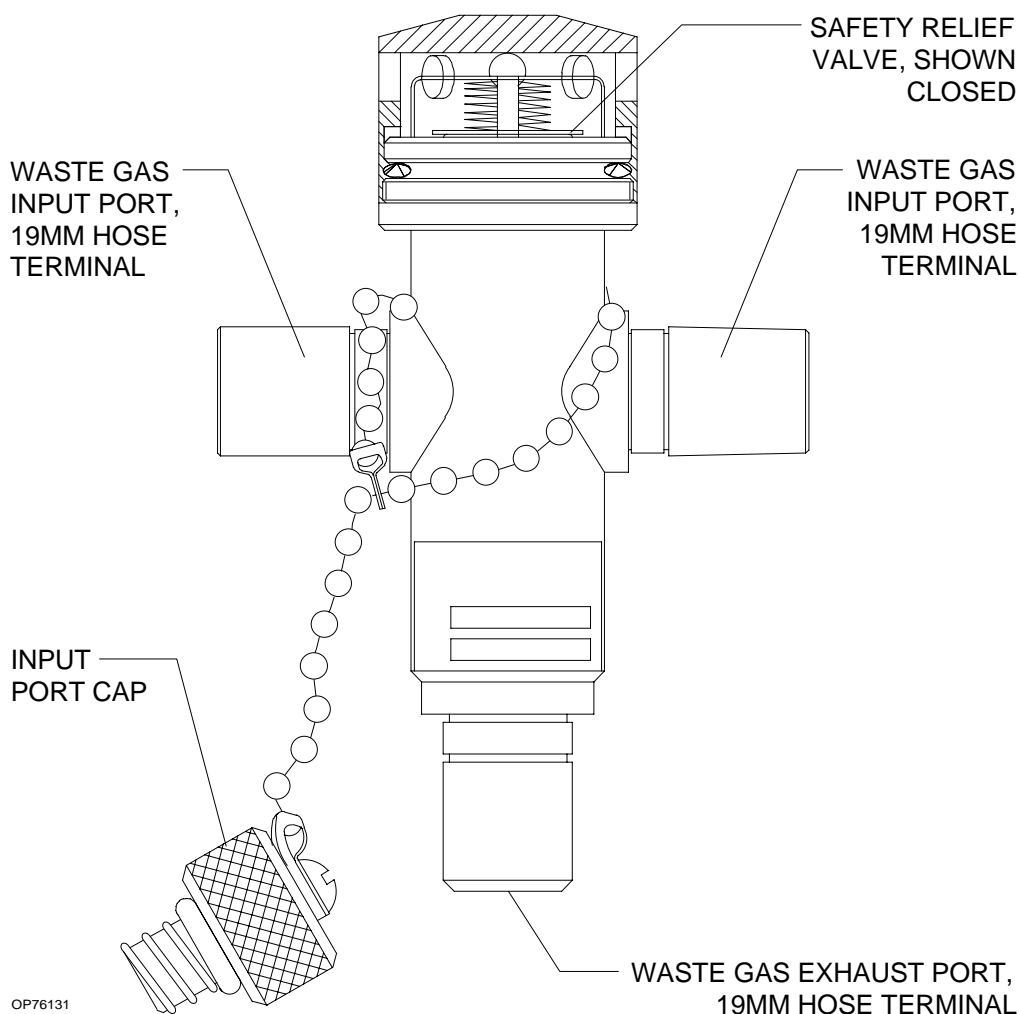
## Section 5 - Operation

### Scavenger Interface for Passive Systems

#### Overview

The scavenger interface for passive systems is intended for use with nonrecirculating HVAC systems (also called exhaust systems). This scavenging approach relies on the pressure of the waste gas itself to transfer the gas from the scavenger to the disposal system. The scavenger interface is a “closed” system, which uses spring-loaded valve for positive pressure relief.

**WARNING:** Do not use this device with a waste gas disposal system capable of applying a negative pressure to the scavenger interface (a suction or vacuum waste gas disposal system).



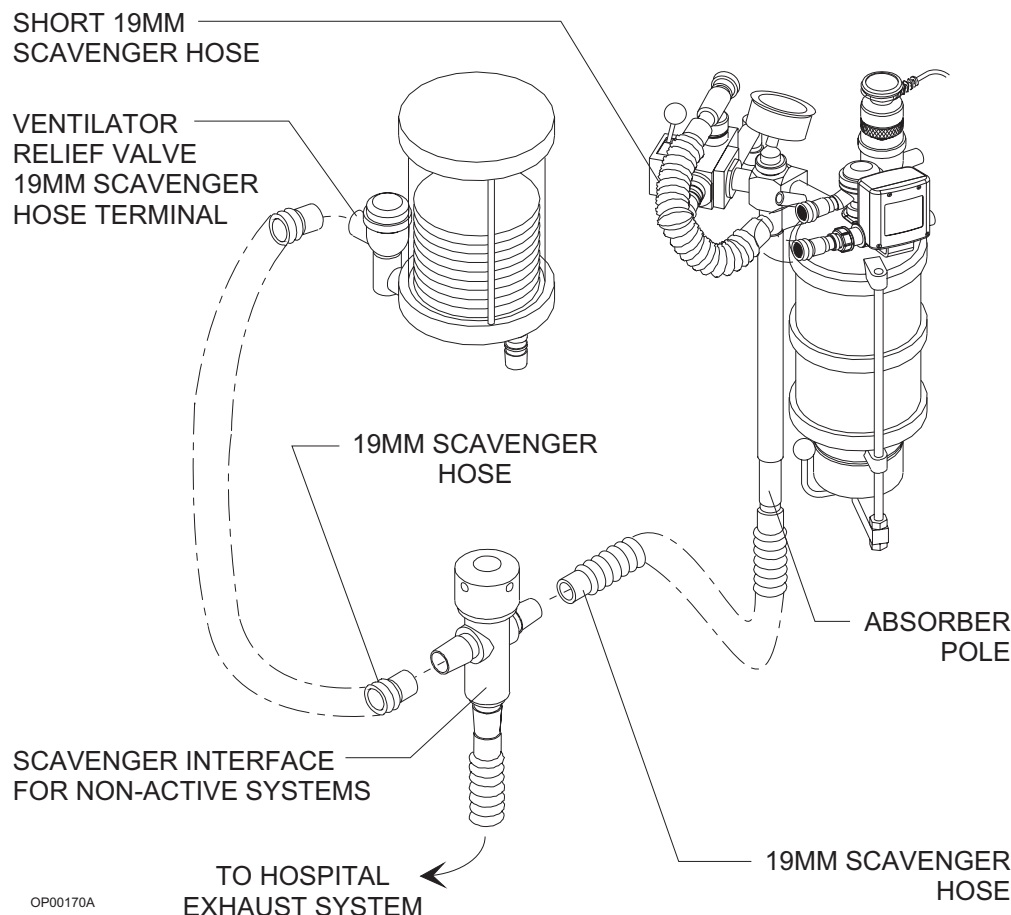
## Section 5 - Operation

### Scavenger Interface for Passive Systems

#### Operating the Scavenger Interface for Nonactive Systems

In a typical anesthesia circle system, waste gas exits from the breathing system APL or ventilator relief valves and passes through the scavenger to the exhaust system. If the hospital exhaust system stopped functioning (or if the path between the scavenger and the exhaust system becomes blocked), positive pressure would build up within the scavenging and breathing systems. To prevent such a harmful pressure build-up, the scavenger's positive pressure relief valve is set to open at a pressure of 5 cm H<sub>2</sub>O. Waste gas then exits through the holes in the relief valve housing. Therefore, you do not have to adjust this scavenger. You must, however, make sure that hoses are properly connected and that the positive pressure safety relief valve is functioning.

**WARNING:** The positive pressure relief valve must be inspected and cleaned (if necessary) at six month intervals.

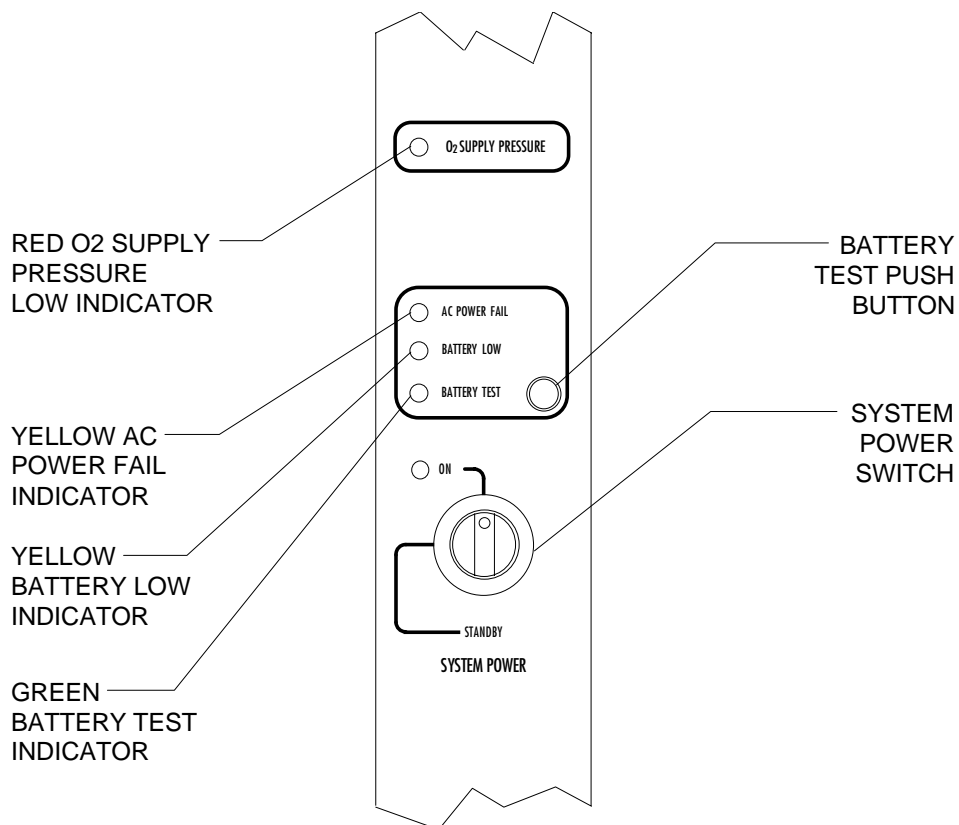


## Section 5 - Operation

### Main Switch Panel

#### Overview

The main switch panel, located between the ventilator bellows and flowmeter bank, incorporates the SYSTEM POWER switch and indicator lights for low O<sub>2</sub> supply pressure, AC power failure, and battery low alarms. These alarms are annunciated and displayed on the central alarm display.



OP20050

#### System Power Switch

The SYSTEM POWER switch on the Narkomed 2C has two positions: ON and STANDBY. In the ON position the gas (pneumatic) and electric power circuits are activated and the green LED indicator adjacent to the switch is illuminated. In the STANDBY position the gas supplies, the monitoring system, and all electrical power to the machine except the convenience receptacles and battery charging circuit are deactivated.

**NOTE:** The battery charging circuit and convenience receptacles are active whenever the power cable is attached to an active wall receptacle, regardless of the switch setting.

## Section 5 - Operation

### Main Switch Panel

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#### Testing the Battery

The backup battery system shall be tested daily. To test the battery:

1. Turn the SYSTEM POWER switch to ON.
2. Remove the machine's power plug from the electrical outlet, and then press and hold the BATTERY TEST button.
3. If the battery is sufficiently charged, the green BATTERY TEST light illuminates after a short delay.

Usually, a fully charged battery can power the electrical components of the anesthesia machine for at least 30 minutes in the event of a power failure.

**NOTE:** During an AC power loss, the BATTERY LOW indicator is illuminated when the battery reserve approaches depletion. However, do not rely solely on this indicator for an assessment of battery capacity. If the backup battery becomes completely depleted and the machine does not have AC power, the BATTERY LOW indicator light has no source of power and does not function. Therefore, always remember to perform the preuse battery test.

To prevent premature battery failure, use backup battery power only during interruption of primary AC power. Do not start an anesthetic procedure on the anesthesia machine if the AC POWER FAIL indicator light or the BATTERY LOW indicator light is illuminated.

## Section 5 - Operation

### AV2+ Anesthesia Ventilator

#### Overview

The AV2+ anesthesia ventilator is a volume preset, time cycled, pressure limited ventilator with electronic timing, pneumatic circuitry and independent controls for frequency, inspiratory to expiratory (I:E) ratio, inspiratory flow rate, tidal volume, and inspiratory pressure limit.

Pneumatic power (bellows drive gas) to the ventilator is supplied through the hospital pipeline supply or through reserve cylinders on the anesthesia machine. The pressure of the supply gas must be between 40 and 60 psi. The ventilator will not function if this pressure drops below 32 psi. Electrical power is supplied by the Narkomed 2C's AC power source, or, in event of AC power failure, by the backup battery. A fully charged battery can power the ventilator for approximately 30 minutes.

The anesthesia ventilator is designed for use with a North American Dräger absorber system, which incorporates a manual/automatic selector valve. This valve allows you to select either the breathing bag and adjustable pressure limiter (APL) valve for manual ventilation, or the ventilator bellows for automatic ventilation.

During automatic ventilation, the manual/automatic selector valve isolates the absorber's APL valve from the breathing system. To compensate for the continuous introduction of fresh gas into the breathing system, the ventilator incorporates a relief valve mounted behind the bellows chamber.

When the bellows is completely filled, any excess gas in the system is released to the scavenging system through the ventilator relief valve. As in any ascending bellows, the force needed to overcome gravity acting on the bellows causes a positive end-expiratory pressure (PEEP) within the breathing system. For the Narkomed 2C, the PEEP is approximately 2 cmH<sub>2</sub>O.

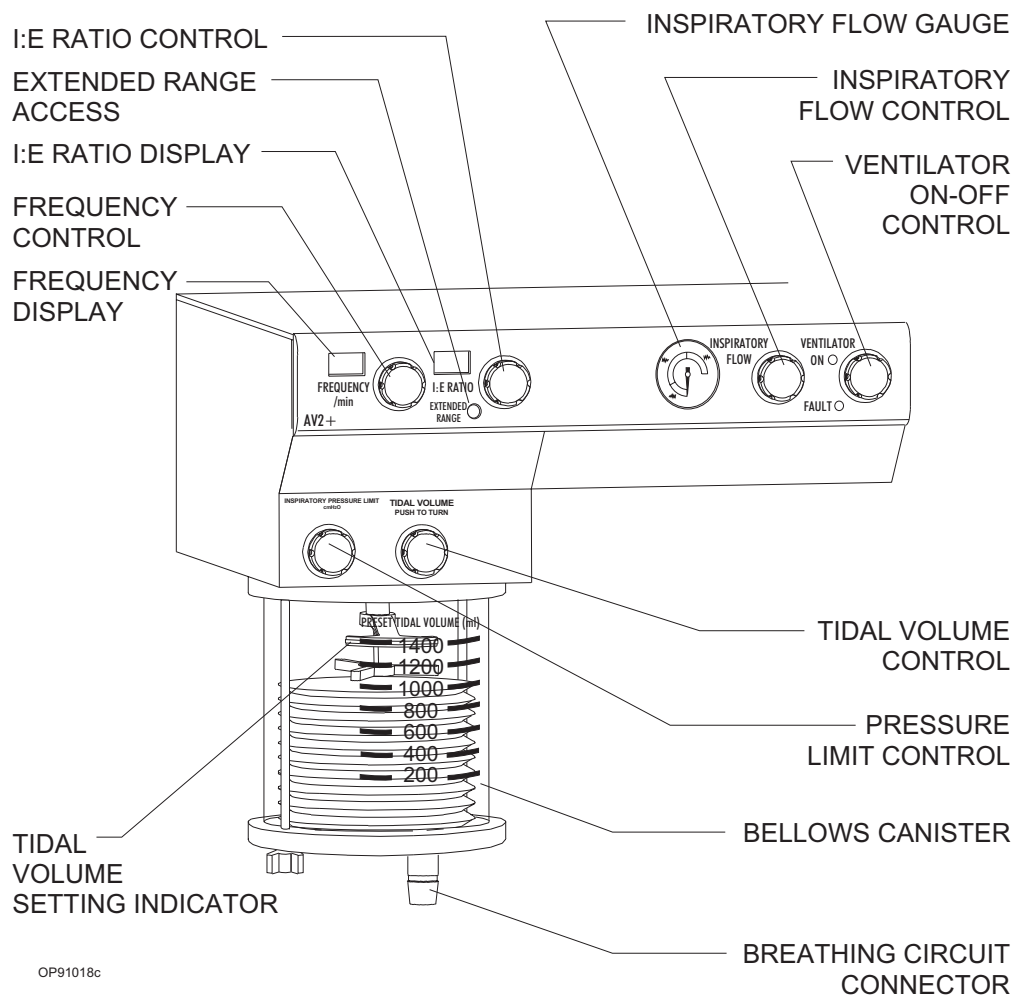
The monitoring system's breathing pressure and expiratory flow waveform displays can be used as an aid in adjusting the ventilator and establishing alarm criteria.

**WARNING:** Regardless of the indications of any alarm or monitoring device, patient chest movement shall be the primary indication of a securely connected, properly ventilated patient.

A front view of the AV2+ anesthesia ventilator is shown in the following figure.

## Section 5 - Operation

### AV2+ Anesthesia Ventilator



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#### Activating the Ventilator

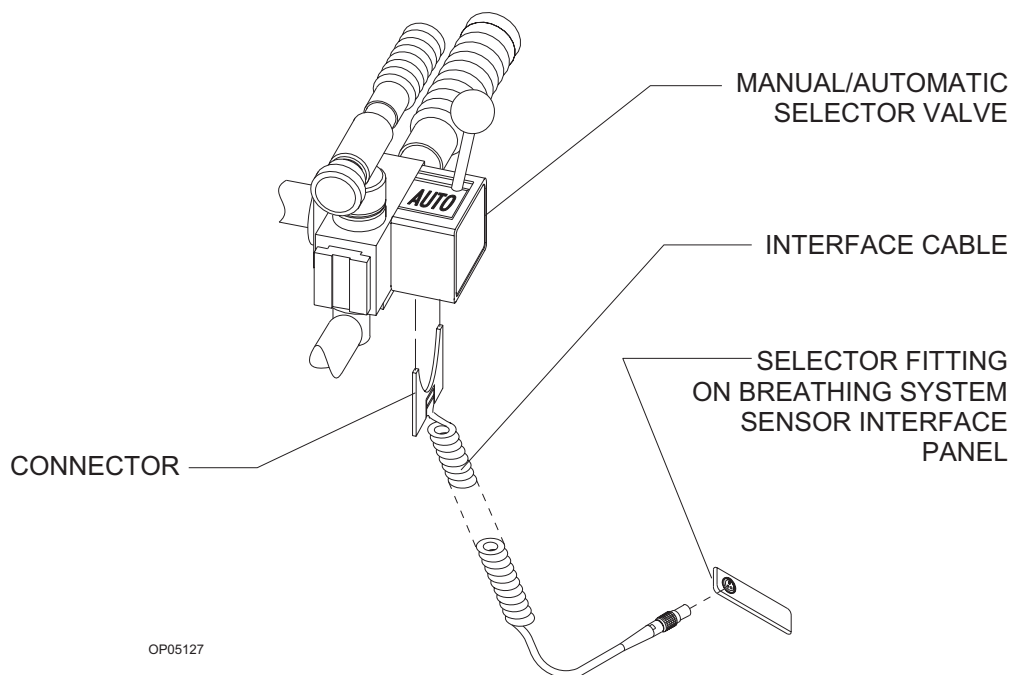
The ventilator can be activated by using the ventilator on/off control, or, optionally, by using the lever on the manual/automatic selector valve. The anesthesia machine's SYSTEM POWER switch must be set to ON in order for the ventilator to function.

**NOTE:** The selector valve lever can activate the ventilator only when the interface cable is connected between the manual/automatic selector valve and the SELECTOR fitting on the breathing system sensor interface panel (see the following illustration); when the interface cable is disconnected, the position of the selector lever has no effect on the ventilator.



## Section 5 - Operation

### AV2+ Anesthesia Ventilator



When the ventilator is activated, both pneumatic and electric power to the ventilator is turned on, and the monitoring system's volume and pressure alarms are automatically enabled. When the ventilator is turned off, the FREQUENCY and I:E RATIO displays remain lighted, but the ventilator will not function.

#### Using the Ventilator On/Off Control

The ventilator on/off control is a momentary switch that returns to its center position after being turned in either direction.

- To activate the ventilator, turn the switch clockwise; the green ON indicator is then turned on and the switch returns to its center position.

**NOTE:** The ventilator can only be activated when the manual/automatic selector valve is in the AUTO position (with the interface cable between the selector valve and interface panel connected). If you attempt to activate the ventilator with the selector lever in the BAG position, the yellow FAULT indicator on the ventilator bezel will be turned on, indicating a fault condition.

- To shut down the ventilator, turn the switch counterclockwise; the green ON indicator is then turned off and the switch returns to its center position.

## Section 5 - Operation

### AV2+ Anesthesia Ventilator

---

Using the  
Manual/Automatic  
Selector Valve  
Lever

The ventilator can be turned on and off using the selector lever on the manual/automatic selector valve (with the interface cable between the selector valve and interface panel properly connected).

- To activate the ventilator, move the manual/automatic selector valve lever to the AUTO position; the green ON indicator on the ventilator bezel is then turned on.
- To shut down the ventilator, move the manual/automatic selector valve lever to the BAG position; the green ON indicator on the ventilator bezel is then turned off.

**Adjusting the Tidal  
Volume**

The tidal volume is adjusted using a self-locking knob, located above the bellows assembly. The control knob positions a stop within the bellows canister which limits the upward travel of the bellows and thus sets the maximum tidal volume of gas delivered to the patient. To adjust the tidal volume, press the self-locking knob so that it can turn, then set the desired tidal volume as shown by the setting indicator on the bellows chamber scale (marked 200–1400 ml). The tidal volume can be adjusted to achieve volumes between 20 and 1500 ml.

Smaller tidal volumes can be adjusted by setting the pointer below the 200 ml marking on the bellows chamber; larger tidal volumes can be selected by setting the pointer above the 1400 ml calibration.

As in any volume-preset anesthesia ventilator, the actual tidal volume delivered to the patient's lungs may differ from the preset volume at the bellows due to the compliance of the breathing system and fresh gas flow. To accurately set the tidal volume, refer to the tidal and minute volume measurements.

The position of the tidal volume indicator can be calibrated for a specific combination of fresh gas flow and equipment compliance by a North American Dräger qualified technical service representative.

**Setting the  
Respiratory  
Frequency**

Use the frequency control knob to set the respiratory frequency from 1 to 99 breaths per minute (BPM) in 1 BPM increments.

Clockwise rotation of the control knob increases the frequency setting, while counterclockwise rotation decreases the frequency setting.

## Section 5 - Operation

### AV2+ Anesthesia Ventilator

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#### Setting the Inspiratory/ Expiratory (I:E) Phase Time Ratio

Use the I:E ratio control knob to set the inspiratory/expiratory (I:E) phase time ratio. The standard range of ratios is from 1:1 through 1:4.5, adjustable in increments of 0.5.

An extended range of ratios is also available which allows the setting of inverse I:E ratios. The specific extended range settings are: 4:1, 3:1, and 2:1. The extended range settings are accessible by pressing the EXTENDED RANGE switch while rotating the I:E ratio control knob.

Clockwise rotation of the control knob increases the I:E ratio setting, while counterclockwise rotation decreases the I:E ratio setting.

**WARNING:** The use of inverse I:E ratios will introduce auto-PEEP.

#### Setting the Inspiratory Flow Rate

Use the inspiratory flow control knob to set the inspiratory flow in the range of 10 l/min to 100 l/min. This setting controls the flow rate of gas into the bellows canister, and thus the flow rate of gas delivered to the patient.

Because of patient circuit variables such as lung compliance, fresh gas flow, airway resistance and equipment compliance, the flow gauge is labeled with nominal zones of LOW, MEDIUM, and HIGH.

You should adjust the flow setting to a point where the ventilator bellows is fully compressed (but not deformed) at the end of the inspiratory phase of the breathing cycle.

You can also use the inspiratory flow control to create an inspiratory plateau at the end of the inspiratory cycle and to affect the potential peak inspiratory pressure within the patient breathing system. Always check the pressure indicated by the breathing system pressure gauge and waveform when adjusting the inspiratory flow control.

#### Setting the Inspiratory Pressure Limit

The pressure limit control, located above the bellows canister, is used to adjust the pressure limit. Nominal pressure zones are indicated by the label. This control determines the maximum pressure that can be delivered by the ventilator during the inspiratory phase of the respiratory cycle. Because of patient circuit variables, the scale on the label is only a reference; the pressure should be read from the breathing system pressure gauge or the anesthesia machine's pressure monitoring system.

When the pressure limit control is turned fully counterclockwise, the peak inspiratory pressure will be less than or equal to 15 cmH<sub>2</sub>O. When the control is turned fully clockwise, the peak inspiratory pressure will be less than or equal to 120 cmH<sub>2</sub>O.

## Section 5 - Operation

### AV2+ Anesthesia Ventilator

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#### Problem Resolution

PROBLEM	POSSIBLE CAUSE	REMEDY
Excessive PEEP	Improperly adjusted ventilator relief valve	Contact NAD qualified technical service representative.
	Insufficient suction scavenger flow setting	Increase suction scavenger flow valve.
	PEEP valve active	Decrease PEEP valve setting.
	Inverse I:E ratios	Reset ratios.
Excessive NEEP	Excessive suction scavenger flow	Reduce suction scavenger flow rate.
Bellows won't reach tidal volume stop setting during expiration	Frequency too high for selected tidal volume	Decrease frequency.
		Increase expiratory phase time.
	Improperly adjusted ventilator relief valve	Contact NAD qualified technical service representative.
	Breathing system leak	Repair leak.
Ventilator won't cycle	Low oxygen supply pressure	Provide sufficient oxygen supply pressure.
Moving manual/automatic selector valve lever to AUTO position does not activate ventilator.	SYSTEM POWER switch is in STANDBY position	Turn SYSTEM POWER switch to ON.
	Interface cable is not connected	Connect interface cable.

## Section 5 - Operation AV2+ Anesthesia Ventilator

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PROBLEM	POSSIBLE CAUSE	REMEDY
Ventilator does not operate; yellow FAULT LED on ventilator lights	Selector switch on the absorber is in the BAG position	Turn the selector switch on the absorber to the AUTO position.
Bellows won't compress during inspiration	Absorber manual/automatic selector valve in BAG position	Place selector valve in AUTO position.
	Inspiratory flow control setting on ventilator too low	Increase inspiratory flow control setting.
	Frequency too high	Decrease frequency.
	Inspiratory pressure limit setting on ventilator too low	Increase inspiratory pressure limit setting.

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## Section 5 - Operation Monitoring System

### Overview

In addition to monitoring clinical parameters, the Narkomed 2C performs diagnostic self-tests every time the machine is turned on. After the initial power-on screen is displayed, use the Screen Selection menu located at the bottom right side of the monitor to display specific screens, including:

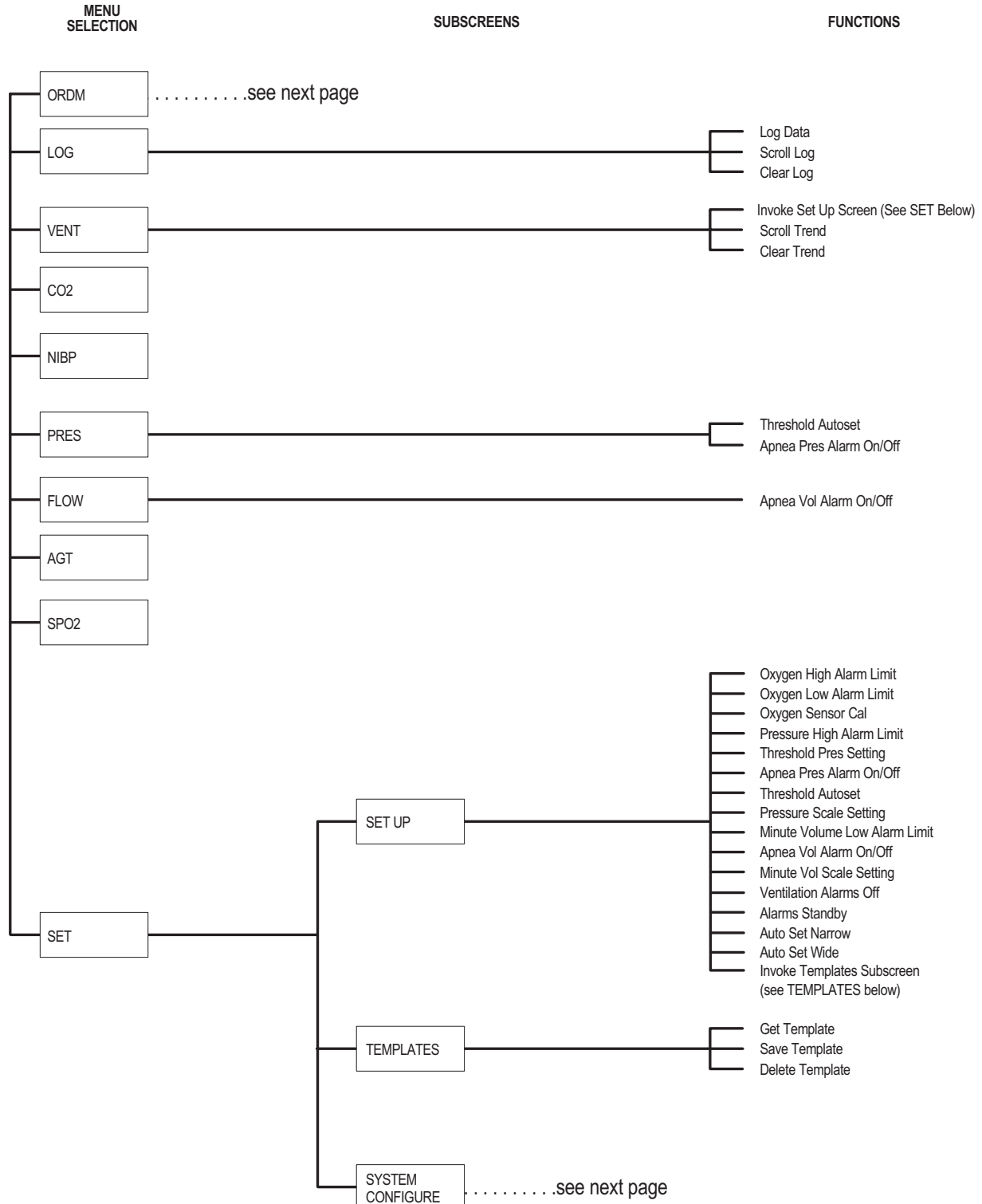
- Machine Monitor screen - displays numerical data, trends, and waveforms for oxygen analysis, breathing pressure, and respiratory volume.
- System Monitor screens - display the Datascan (numeric or bar graph) and numerical data and waveforms for selected monitors.
- Set Up screen - includes options to set alarms, initiate calibrations, and set up specific monitoring functions.
- System Configuration screens - a series of screens for customizing operation.
- Data Log screen - displays the numeric Datascan and a tabular listing of previously logged events.
- Data Management screen - displays a menu for selecting various O.R. Data Manager screens (accessible only if the optional O.R. Data Manager is installed).

Real-time ECG waveforms from Marquette and Hewlett-Packard monitors can be viewed on the Narkomed 2C monitor waveform displays. The Narkomed 2C also displays some data from external monitors, including North American Dräger's Vitalert monitors, and Hewlett-Packard, other Marquette monitors, Datex, SpaceLabs, Criticare, Datascope, Siemens, Puritan-Bennett, Colin, Criticon, Nellcor, and Ohmeda monitors. The data recorded by external monitors are displayed in the System Monitor screens and the Data Log screen.

**NOTE:** All external devices connected to the Narkomed 2C must be turned on for proper operation of the communication interface.

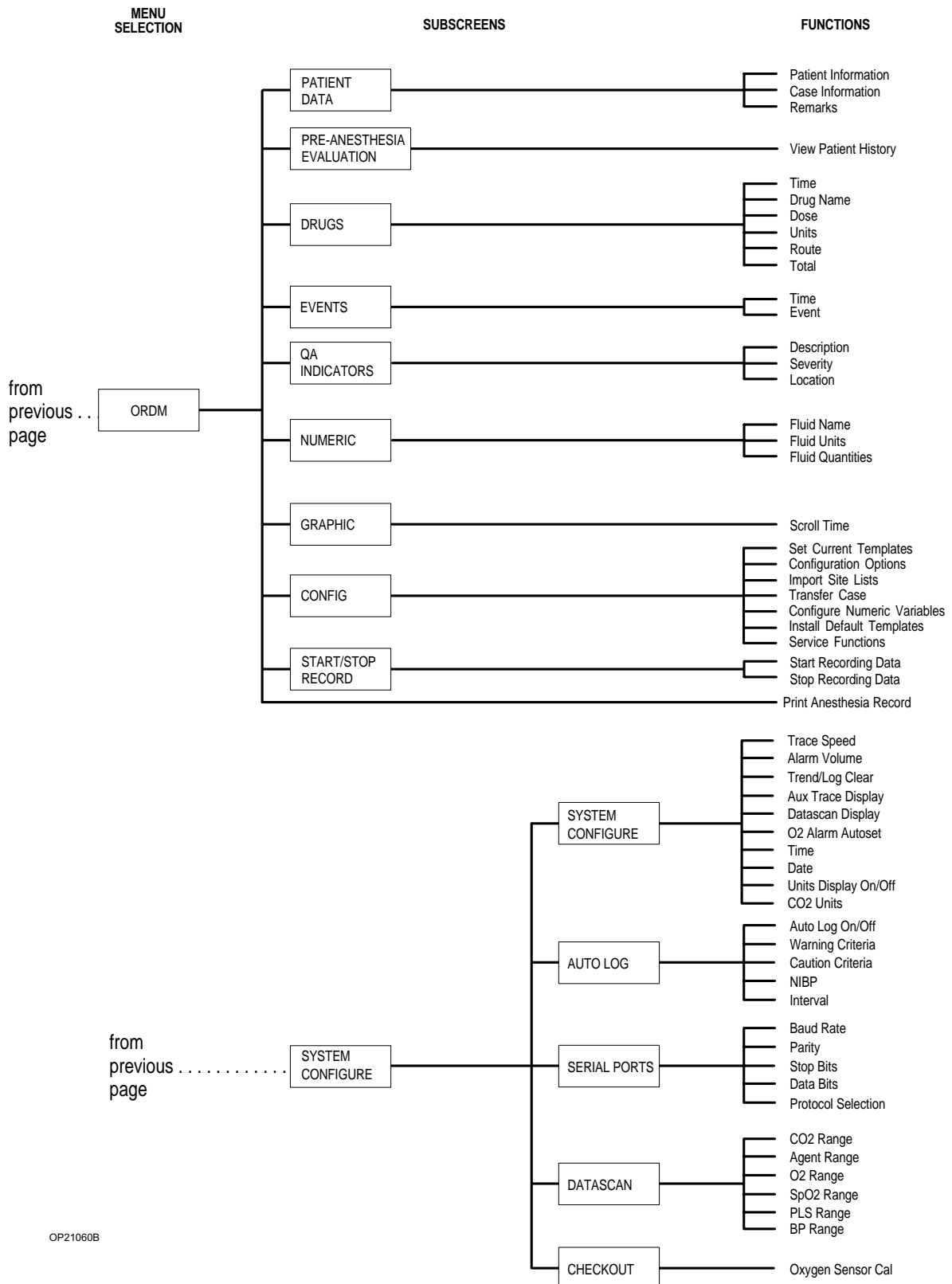
## Section 5 - Operation Monitoring System

### Narkomed 2C Quick Reference Guide





## Section 5 - Operation Monitoring System



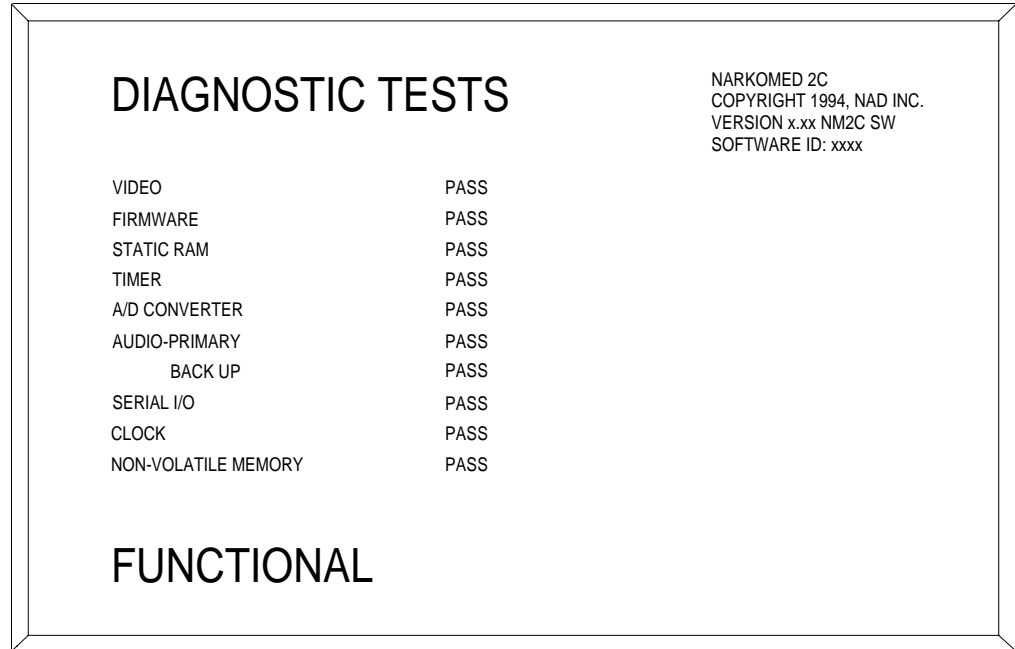
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## Section 5 - Operation Monitoring System

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### Power-On Screen

The Narkomed 2C performs extensive self-tests on the internal hardware when the SYSTEM POWER switch is turned ON. As these diagnostics are performed, each test and its result (PASS or FAIL) appear on the screen.



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One of three possible conclusions to the self-tests is posted on the screen:

**FUNCTIONAL:** Every component of the monitoring system is operational. After a brief delay, the Machine Monitor screen appears. If an external monitor is connected to the Narkomed 2C, the System Monitor screen appears instead.

**CONDITIONALLY FUNCTIONAL:** A noncritical fault was detected, such as a speaker failure. The Narkomed 2C can be used, but a North American Dräger qualified technical service representative must be notified to correct the problem.

The self-diagnostic report screen remains until the Datagrip trigger is pressed.

**NONFUNCTIONAL:** A serious fault was detected and operation of the monitors is inhibited. Do not use the machine. Immediately notify a North American Dräger qualified technical service representative to correct the problem.

## Section 5 - Operation Monitoring System

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### Using the Screen Selection Menu

To change any parameters or options for the Narkomed 2C monitoring system, select the appropriate option from the Screen Selection menu. The Screen Selection menu appears in the lower right corner of the Machine Monitor screen, the Data Log screen, and the System Monitor screens. The menu includes these screen options:

- ORDM      O.R. Data Manager screen
- LOG        Data Log screen
- VENT       Machine Monitor screen
- CO2        CO<sub>2</sub> System Monitor screen
- NIBP       NIBP System Monitor screen
- PRES       Breathing Pressure System Monitor screen
- FLOW       Respiratory Volume System Monitor screen
- AGT        Agent System Monitor screen
- SPO2       Pulse Oximetry System Monitor screen
- SET        Monitor Setup screen

Two options appear to the left of the SET option of the Screen Selection menu—CAL O2 and PTHRESH. The CAL O2 option is for oxygen calibration. This function is the same as the oxygen calibration options offered in the SET menu under SETUP and SYSTEM CONFIGURE described in “Calibrating the Oxygen Sensor” later in this section. The PTHRES option is for autsetting the pressure threshold. This option is the same as the Threshold Autoset options available through the PRES and SET/SETUP menus also described in “Setting Auto-Threshold” later in this section.

### Viewing a Screen

To view a screen:

1. Rotate the thumbwheel to position the cursor on the preferred Screen Selection menu option.
2. After a short pause, the screen appears along with any associated soft keys.

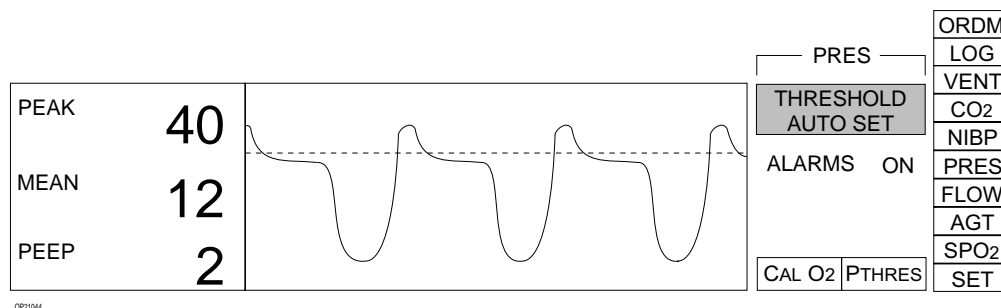
### Invoking a Screen

To use the soft keys in a particular screen:

1. Rotate the thumbwheel to position the cursor on the preferred option and press the Datagrip trigger.
2. The cursor moves to the first available soft key.

The following illustration shows the breathing pressure monitor with associated soft keys, Screen Selection menu, and oxygen calibration and autoset pressure threshold options.

## Section 5 - Operation Monitoring System



To move to another screen:

1. Rotate the thumbwheel to position the cursor on the screen label.
2. Press the Datagrip trigger. This moves the cursor to the Screen Selection menu.

### Invoking the Machine Monitor Screen

To invoke the Machine Monitor screen, select VENT from the Screen Selection menu.

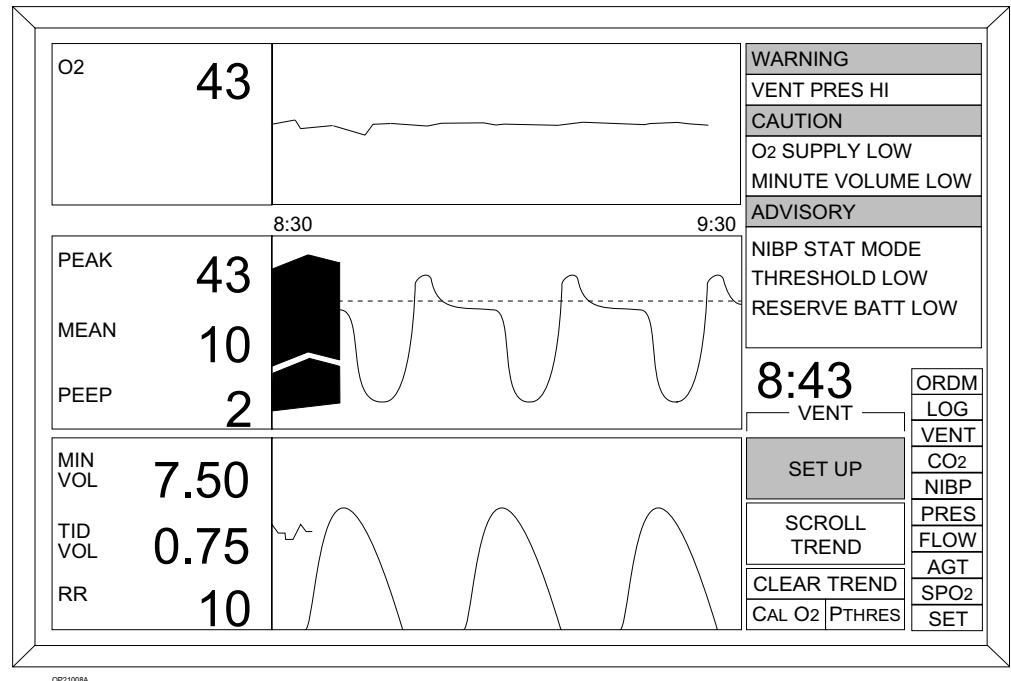
**NOTE:** If no Vitalink devices are connected to the Narkomed 2C, the Machine Monitor screen is displayed automatically after successful completion of the power-on diagnostics.

The Machine Monitor screen shows numerical measurements, waveforms, and trends for the oxygen monitor, breathing pressure monitor, and the respiratory volume monitor.

The numerical and graphical information for each monitor appears in separate display areas on the screen:

- Central Alarm display is located in the top right corner of the screen.
- Screen Selection menu is located in the bottom right side of the screen.
- Oxygen calibration and pressure threshold autoset options appear to the left of the Screen Selection menu at the bottom of the screen.
- Three Machine Monitor screen soft keys: SET UP, SCROLL TREND, CLEAR TREND also appear to the left of the Screen Selection menu.

## Section 5 - Operation Monitoring System



Invoking the  
Set Up Screen

To invoke the Set Up screen from the Machine Monitor screen:

1. Position the cursor on the SET UP soft key.
2. Press the Datagrip trigger. The Monitor Set Up screen appears. See "Setting Up the Monitoring System" later in this section for complete instructions for the Set Up screen.

Scrolling the  
Trend

Use the SCROLL TREND soft key to scroll through up to eight hours of trended data for the three ventilation monitors. About one hour of trend data is displayed at one time.

1. Position the cursor on the SCROLL TREND soft key.
2. Press the Datagrip trigger.
3. Rotate the thumbwheel down to go back through the trend data or up to move forward. When scrolling back, the amount of waveform data shown in the monitor display area decreases. The amount of trend data proportionally increases until it fills the whole display area. Continue to rotate the thumbwheel to view the trend display further back up to eight hours.
4. Press the Datagrip trigger again to exit the Scroll Trend function.

## Section 5 - Operation Monitoring System

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Clearing the  
Trend

To clear all stored trend information:

1. Position the cursor on the CLEAR TREND soft key.
2. Press the Datagrip trigger. CONFIRM? appears with YES and NO selection boxes.
3. Rotate the thumbwheel to select YES to clear the trend and press the Datagrip trigger. Selecting NO maintains the trend information.

**Invoking a System  
Monitor Screen**

To invoke a System Monitor screen, move the cursor to the preferred screen (CO<sub>2</sub>, NIBP, PRES, FLOW, AGT, or SPO<sub>2</sub>) in the Screen Selection menu. When the cursor highlights the option, the System Monitor screens display information available from external monitors.

**NOTE:** If a Vitalink device is connected to the Narkomed 2C, the breathing pressure System Monitor screen is displayed automatically after successful completion of the power-on diagnostics.

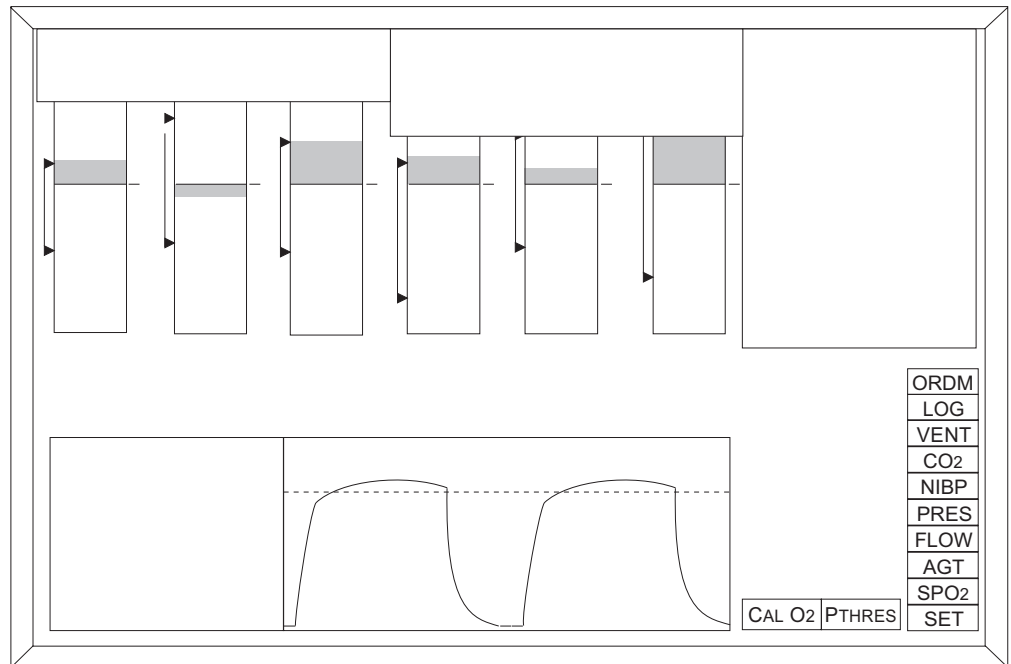
The System Monitor screen can have one of two display formats—the bar graph Datascan display or the numeric Datascan display . The Datascan display format is selected in the System Configure screen. (See “Configuring the Monitoring System” later in this section of the manual.)

System Monitor  
Screen with Bar  
Graph Datascan

The System Monitor screen with the bar graph Datascan shows the Datascan and the Advisory window in the top half of the screen. The bottom of the screen shows numerical and graphical information for the selected monitor screen, along with the corresponding soft keys, Screen Selection menu, and oxygen calibration and pressure threshold options. Warning and Caution alarm messages appear in drop-down windows, partially overlaying the Datascan bar graphs.

The following illustration shows the CO<sub>2</sub> System Monitor screen with the bar graph Datascan display.

## Section 5 - Operation Monitoring System



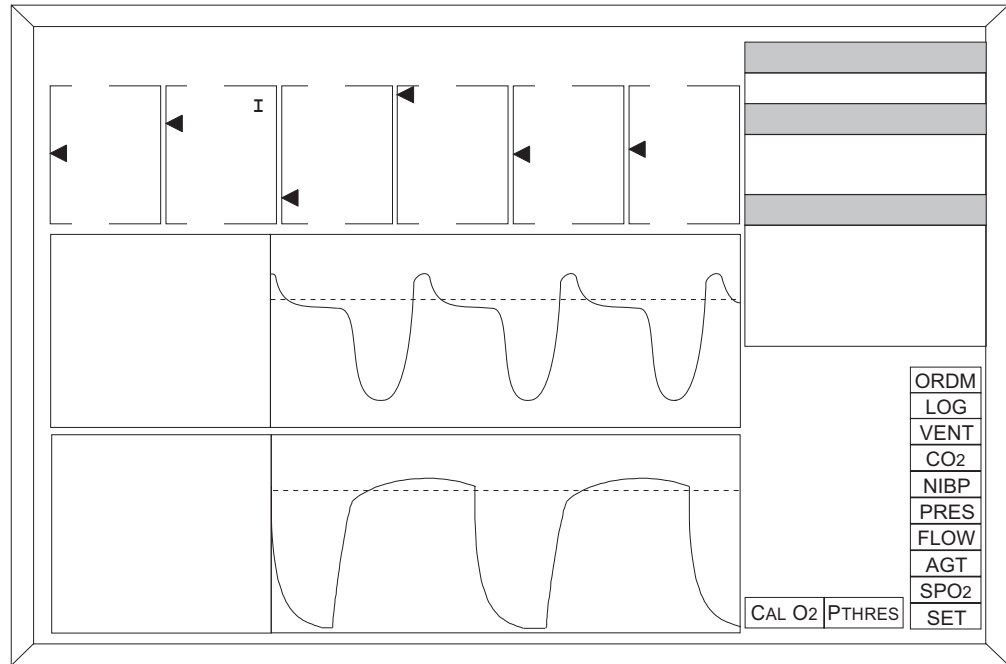
### System Monitor Screen with Numeric Datascan

The numeric Datascan System Monitor screen shows the Datascan and the Central Alarm display at the top of the screen. The numerical and graphical information for the auxiliary monitor trace selected in the System Configure screen appear in middle of the screen. The numerical and graphical information for the monitor selected from the Screen Selection menu appear at the bottom of the screen, along with the corresponding soft keys.

The following illustration shows the CO<sub>2</sub> System Monitor screen with numeric Datascan display and breathing pressure auxiliary monitor trace.

Specific information on each System Monitor screen follows.

## Section 5 - Operation Monitoring System

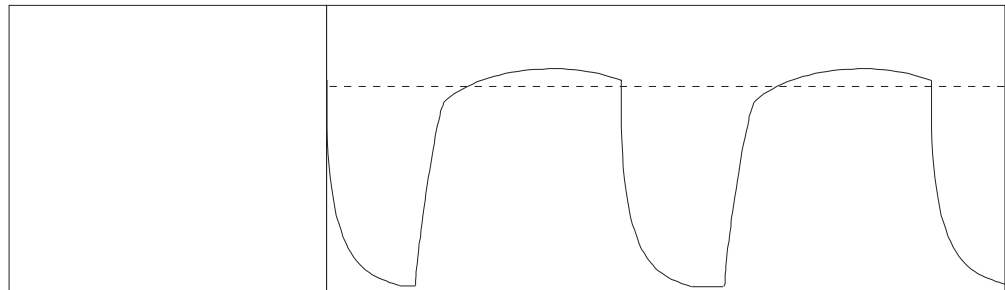


### Invoking the CO<sub>2</sub> System Monitor Screen

To invoke the CO<sub>2</sub> System Monitor screen, select CO<sub>2</sub> from the Screen Selection menu. When data is available, numerical and waveform CO<sub>2</sub> data appears at the bottom of the display screen.

End-tidal CO<sub>2</sub> is displayed in large numbers, with inspiratory CO<sub>2</sub> in small numbers below it. The end-tidal display range is 0–80 mmHg with a resolution of 1 mmHg. For reference, a horizontal dashed line appears on the waveform display at 40 mmHg.

**NOTE:** The units of measure shown for carbon dioxide are selected in the System Configure screen. For more information, see “Configuring the Monitoring System” later in this section of the manual.





## Section 5 - Operation Monitoring System

### Invoking the NIBP System Monitor Screen

To invoke the NIBP System Monitor screen, select NIBP from the Screen Selection menu. When data is available, NIBP measurement data appears at the bottom of the screen.

The left side of the NIBP display area shows the following information:

- systolic blood pressure in the top position  
(display limit:  $\leq 260$  mmHg)
- mean blood pressure in middle position  
(display limit:  $\leq 260$  mmHg)
- diastolic blood pressure in bottom position  
(display limit:  $\leq 260$  mmHg)

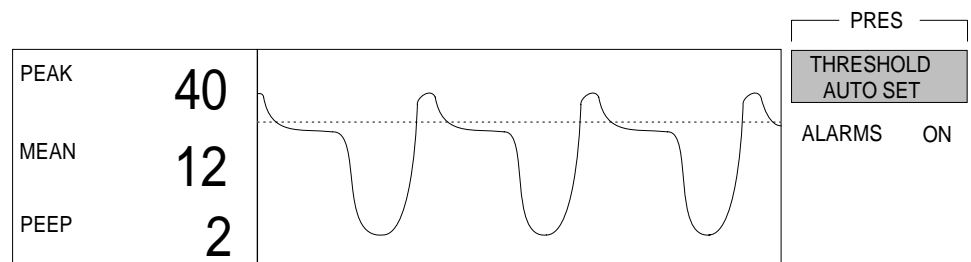
The remainder of the display is a tabular listing of the latest five NIBP measurements, including the times the measurements occurred, the systolic, diastolic, and mean blood pressures, and the pulse.

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### Invoking the Breathing Pressure System Monitor Screen

To invoke the Breathing Pressure System Monitor screen, select the PRES label from the Screen Selection menu. Numerical and waveform breathing pressure data appear at the bottom of the display screen, along with the THRESHOLD AUTO SET and ALARMS ON/OFF soft keys.

For complete information on breathing pressure monitoring, see the *Operation - Breathing Pressure Monitoring* section of the manual.



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## Section 5 - Operation Monitoring System

### Setting Auto-Threshold

To set the auto-threshold:

1. Invoke the Breathing Pressure System Monitor screen. The cursor moves to the THRESHOLD AUTO SET soft key.
2. Press the Datagrip trigger.
3. The threshold pressure is automatically set to 4 cmH<sub>2</sub>O below the current peak pressure measurement (to a maximum of 30 cmH<sub>2</sub>O), or 5 cmH<sub>2</sub>O, whichever is greater.

**NOTE:** Pressure threshold can also be autoset by selecting the PTHRES option in the main display. See *Section 5 - Breathing Pressure Monitoring*.

### Setting Apnea Pressure Alarm On/Off

To set the apnea pressure alarm to on or off:

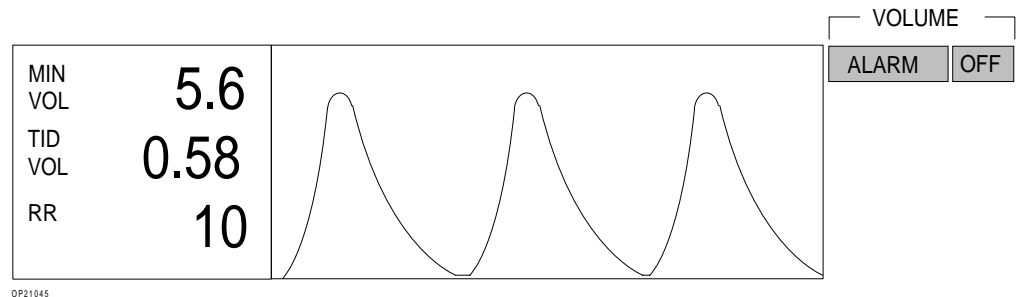
1. Invoke the Breathing Pressure System Monitor screen.
2. Position the cursor on the ALARM ON/OFF soft key.
3. Press the Datagrip trigger to toggle the alarm setting between ON and OFF until the preferred setting appears.

**NOTE:** If the ventilator is on, this alarm cannot be turned off. If the alarm is in STBY (standby), pressing the Datagrip trigger turns the alarm on.

### Invoking the Respiratory Volume System Monitor Screen

To invoke the Respiratory Volume System Monitor screen, select the FLOW label from the Screen Selection menu. Numerical and waveform respiratory flow and volume data appear at the bottom of the display screen, along with the ALARM ON/OFF soft key.

For complete information on breathing pressure monitoring, see *Section 5 - Respiratory Volume Monitoring* section of the manual.



## Section 5 - Operation Monitoring System

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Setting Apnea  
Volume Alarm  
On/Off

To turn the apnea volume alarm on or off:

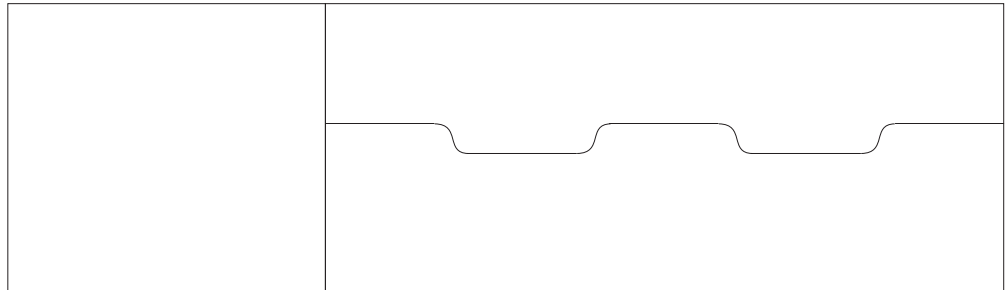
1. Invoke the Respiratory Volume System Monitor screen. The cursor moves to the ALARM ON/OFF soft key.
2. Press the Datagrip trigger to toggle the alarm setting between ON and OFF until the preferred setting appears.

**NOTE:** If the alarm is in STBY (standby), pressing the Datagrip trigger turns the alarm on.

**Invoking the  
Agent System  
Monitor Screen**

To invoke the Agent System Monitor screen, select the AGT label from the Screen Selection menu. When data is available, numerical and waveform agent data appears at the bottom of the display screen.

The agent display area shows values for anesthetic concentrations during the inspiratory and expiratory phases. The anesthetic display range is 0-10 (0-24 desflurane) volume % with a resolution of 0.1 volume %.



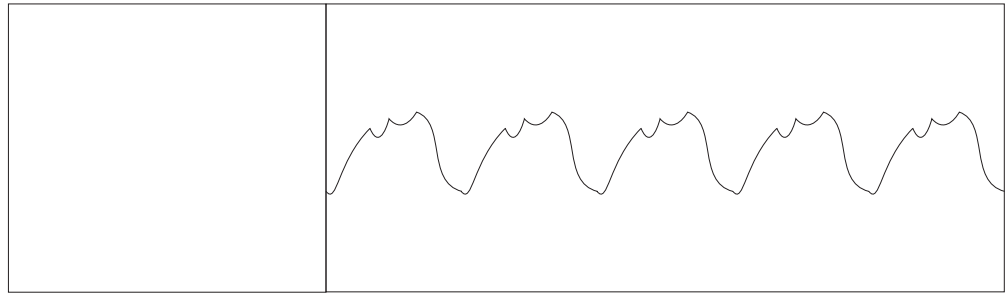
## Section 5 - Operation Monitoring System

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### Invoking the Pulse Oximetry System Monitor Screen

To invoke the Pulse Oximetry System Monitor screen, select the SPO2 label from the Screen Selection menu. When data is available, numerical and waveform SpO<sub>2</sub> data appears at the bottom of the display screen.

The SpO<sub>2</sub> display area shows numerical values for oxygen saturation and pulse rate. The display range for SpO<sub>2</sub> is 0–100%, with a resolution of 1%. The display limit for pulse rate is ≤250 beats per minute, with a resolution of 1 beat per minute.



### Setting Up the Monitoring System

To invoke the Set Up screen:

1. Select the SET label from the Screen Selection menu. Three soft keys appear next to the menu, and the cursor moves to the top key labeled SET UP.

**NOTE:** If the Machine Monitor screen is selected, the SET UP soft key is always displayed.

2. With the cursor on the SET UP soft key, press the Datagrip trigger. The Set Up screen appears.



Use the Set Up screen to change alarm and display settings for the three ventilation monitors—oxygen, breathing pressure, and respiratory volume. The Set Up screen displays current numerical data along with a list of alarm limits and other changeable parameters corresponding to each of the ventilation monitors. It is also used to initiate oxygen sensor calibrations.

## Section 5 - Operation Monitoring System

The menu of specific setup functions appears in the top right side of the screen. A dialog box with instructions on using the thumbwheel and Datagrip trigger appear in the bottom right side of the screen.

**NOTE:** Any changes made in the Set Up screen take effect immediately—even before exiting from the screen.

**NOTE:** If the Datagrip trigger is not pressed or the thumbwheel rotated for a period of 60 seconds, the display returns to the previously displayed screen. Any changes made while in the Set Up screen will be saved.

O2	43	OXYGEN HIGH	60	<div>VENTILATION ALARMS OFF</div> <div>ALARMS STANDBY</div> <div>AUTO SET NARROW</div> <div>AUTO SET WIDE</div> <div>TEMPLATES</div> <div>EXIT</div>
		OXYGEN LOW	30	
		OXYGEN SENSOR	CAL	
PEAK	43	PRESSURE HIGH	50	<div>  SELECTS FUNCTION                 </div> <div>  ACTIVATES FUNCTION                 </div>
MEAN	10	THRESHOLD PRES	30	
PEEP	2	APNEA ALARM	OFF	
		AUTO-THRESHOLD	SET	
		PRESSURE SCALE	0-100	
MIN VOL	7.50	MINUTE VOLUME LOW	1.0	
TID VOL	0.75	VOLUME ALARMS	ON	
RR	10	MINUTE VOL SCALE	0-20	

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For information on setting individual alarm limits, see the specific monitor operating instructions later in this section.

## Section 5 - Operation

### Monitoring System

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#### Setting Ventilation Alarms Off

To turn off the volume and pressure-apnea alarms:

1. Invoke the Set Up screen.
2. Use the thumbwheel to position the cursor on the VENTILATION ALARMS OFF soft key.
3. Press the Datagrip trigger.
4. The volume and pressure-apnea alarms are turned off.

**NOTE:** If the ventilator is on, the volume alarms are turned off, but the pressure-apnea alarm remains on.

#### Setting Alarms Standby

To set the volume alarms and pressure-apnea alarm to Standby:

1. Invoke the Set Up screen.
2. Use the thumbwheel to position the cursor on the ALARMS STANDBY soft key.
3. Press the Datagrip trigger.
4. The volume alarms and pressure-apnea alarms are turned to Standby.

**NOTE:** The pressure-apnea alarms can be set to standby only if the ventilator is off. When data is detected by the respiratory flow monitor, the volume alarms are turned on. Likewise, when data is detected by the airway pressure monitor, the pressure-apnea alarm is turned on.

#### Using the Autoset Function

Use the autoset function to automatically set all alarm limits around their current measurements. This function works only if there are measurements available. If there are no current measurements, using the autoset function has no effect.

To set the alarms to the narrow or the wide range:

1. Invoke the Set Up screen.
2. Use the thumbwheel to position the cursor on the preferred soft key (AUTO SET NARROW or AUTO SET WIDE).
3. Press the Datagrip trigger.

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Selecting the “narrow” range sets the alarms to the following values:

Alarm	Value
O <sub>2</sub>	Current Measurement $\pm$ 10%
Pressure High	Current Peak Pressure Measurement + 7 cm H <sub>2</sub> O
Threshold Press.	Current Peak Pressure Measurement - 2 cm H <sub>2</sub> O
Minute Volume	Current Measurement - 0.3 liter

Selecting the “wide” range sets the alarms to the following values:

Alarm	Value
O <sub>2</sub>	Current Measurement $\pm$ 20%
Pressure High	Current Peak Pressure Measurement + 15 cm H <sub>2</sub> O
Threshold Press.	Current Peak Pressure Measurement - 4 cm H <sub>2</sub> O
Minute Volume	Current Measurement - 0.5 liter

### Invoking the Templates Subscreen

To invoke the Templates subscreen:

1. Select SET from the Screen Selection menu. Three soft keys appear next to the menu and the cursor moves to SET UP.
2. Position the cursor on TEMPLATES and press the Datagrip trigger. The Templates subscreen appears.

**NOTE:** The Templates subscreen can also be invoked by selecting the TEMPLATES soft key from the Set Up Screen menu.

Use the Templates subscreen to choose preconfigured system settings from a list of previously configured templates or to save new settings and delete old ones.

**NOTE:** All settings must be set before selecting the Templates subscreen. Parameter values cannot be changed while in this screen. For more information on setting parameters, see “Set Up Screen” and “Configuration Screen” in this section.

## Section 5 - Operation Monitoring System

The Templates subscreen shows a list of current settings, along with a list of template selections and the dates the templates were saved. The top right of the screen has a menu used to retrieve, save, or delete templates. The bottom right of the screen has a dialog box with instructions on using the Datagrip thumbwheel and trigger.

In addition to the factory defaults, eight templates can be saved. The first template in the selection list is FACTORY DEFAULTS, which contains the factory default values and cannot be modified. The second template is SITE DEFAULTS, which are initially the same as FACTORY DEFAULTS. Values stored in the SITE DEFAULTS template are used as the power-on defaults. The site default values can be changed, but the template name (SITE DEFAULTS) cannot.

The screenshot displays the Templates subscreen with the following layout:

SETTINGS		SELECTION LIST	
O2 HIGH	60	FACTORY DEFAULTS	
O2 LOW	30	SITE DEFAULTS	
MIN VOL LO	1.0	PEDIATRIC	4/23/93
MIN V SCALE	20	DR. JONES	10/26/92
PRES HIGH	50	.....	.....
THRESHOLD	30	.....	.....
PRES SCALE	100	.....	.....
CO2 DEV	± 10	.....	.....
AGT DEV	± 2	.....	.....
O2 DEV	± 10	.....	.....
SPO2 DEV	± 2	EXIT	
PLS DEV	± 20		
BP DEV	± 50		

On the right side, there is a vertical stack of buttons: GET TEMPLATE, SAVE TEMPLATE, DELETE TEMPLATE, and EXIT. The GET TEMPLATE button is highlighted.

At the bottom right, there is a legend box with two entries:

- SELECTS FUNCTION
- ACTIVATES FUNCTION

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### Retrieving Templates

To retrieve a list of settings:

1. Invoke the Templates subscreen.
2. Use the thumbwheel to position the cursor on the GET TEMPLATE soft key.
3. Press the Datagrip trigger. A box appears around the first template name (FACTORY DEFAULTS).



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4. Select a template by rotating the thumbwheel to move the box through the list.


**NOTE:** Any templates retrieved in the Templates subscreen become effective immediately—even before exiting from the screen.

5. Press the Datagrip trigger to retrieve the settings in the template selected. These become the current machine settings.
6. The cursor moves to the EXIT soft key.

Saving Templates      To save a list of settings:


1. Invoke the Templates subscreen from the Set Up screen.
2. Use the thumbwheel to position the cursor on the SAVE TEMPLATE soft key.
3. Press the Datagrip trigger.
4. A box appears around the first template in the selection list (the Site Default template).
5. Rotate the thumbwheel to move the box through the list. Position the box around the preferred template to save the list of parameters. When creating a new template, position the box on a blank line. The current date appears at the right.
6. If the template already has a name, or to change the name of an existing template, skip to step 13.

**NOTE:** If the template does not have a name, enter a 16-character name. If the name chosen is less than 16 characters, enter blank spaces or type in a single asterisk (\*) at the end of the name to clear the remaining characters.

7. Press the Datagrip trigger. A shaded box cursor (  ) appears on the first character for the template name. The first character that appears is the letter A.
8. Scroll through the available characters by rotating the thumbwheel until the preferred character appears at the cursor. Available characters include the alphabet, numbers 0–9, and a blank space.
9. When the preferred character appears at the cursor position, press the Datagrip trigger.

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10. The character is entered and the cursor (  ) advances to the next position.
11. The character chosen for the previous position appear in this position, too. This is for selecting repeat characters rapidly—for example, blank spaces at the end of the selection title.
12. After 16 characters are entered, the template name is automatically saved.
13. If the template was previously named (before entering the Default screen), a query appears (CHANGE NAME? with YES and NO selections. Use the thumbwheel to select YES or NO, then push the Datagrip trigger.
  - If YES is selected, change the name as described in steps 8-12.
  - If NO is selected, the new parameter values are saved. The cursor moves to the EXIT soft key.

### Deleting Templates

To delete a list of parameters:

1. Invoke the Templates subscreen from the Set Up screen.
2. Use the thumbwheel to position the cursor on the DELETE TEMPLATE soft key.
3. Press the Datagrip trigger. A box appears around the first template in the selection list that can be deleted.
4. Select the template by rotating the thumbwheel to move the box through the list.
5. Press the Datagrip trigger.
6. A query box appears on the screen (ARE YOU SURE?). YES and NO selections also appear.
7. Use the thumbwheel to point to YES or NO, then press the Datagrip trigger.

### Exiting the Templates Subscreen

To save changes and exit from the Templates subscreen:

1. Rotate the thumbwheel until the cursor is positioned on the EXIT soft key.
2. Press the Datagrip trigger.

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### Exiting the Set Up Screen

To save changes and exit from the Set Up screen:

**NOTE:** The Set UP screen is exited automatically when exiting out of the Templates subscreen.

1. Rotate the thumbwheel until the cursor is positioned on the EXIT soft key.
2. Press the Datagrip trigger.
3. The screen the where Set Up screen was invoked appears.

### Configuring the Monitoring System

These configuration screens are invoked from a Configuration Screen menu:

- System Configure
- Auto Log
- Serial Ports
- Datascan
- Preuse Checkout

To access the configuration screens:

1. Select the SET label from the Screen Selection menu. Three soft keys appear next to the menu. The cursor moves to the top key labeled SET UP.
2. Position the cursor on the SYSTEM CONFIGURE soft key and press the Datagrip trigger. The System Configure screen appears with a Configuration Screen menu in the upper right corner.

To invoke one of the configuration screens:

1. Use the thumbwheel to position the cursor on preferred soft key in the Configuration Screen menu (SYSTEM CONFIGURE, AUTOLOG, SERIAL PORTS, DATASCAN, CHECKOUT).
2. Press the Datagrip trigger. The selected screen appears.

## Section 5 - Operation Monitoring System

### Invoking the System Configure Screen

To invoke the System Configure screen, select the SYSTEM CONFIGURE soft key from the Configuration Screen menu. These system functions are performed from the System Configure screen:

- select trace speed
- set alarm volume
- clear trends and logs
- select auxiliary trace display
- select Datascan display
- set the O<sub>2</sub> alarm autoset
- set the date and time
- turn the display of units on or off
- set the CO<sub>2</sub> units

Any changed settings are retained if the machine is turned off and will be used when the machine is powered on again.

The screen displays a list of system functions. On the right side of the screen is a menu of configuration screens and a dialog box with instructions on using the Datagrip trigger and thumbwheel.

The screenshot shows the 'System Configure' screen. On the right side, there is a vertical menu with the following options: SYSTEM CONFIGURE, AUTO LOG, SERIAL PORTS, DATASCAN, CHECKOUT, and EXIT. The 'SYSTEM CONFIGURE' option is currently selected. In the center of the screen, there are several settings displayed in a list format:

- TRACE SPEED: FAST
- ALARM VOLUME: (represented by a horizontal bar with a slider)
- TREND/LOG: CLEAR
- AUX TRACE DISPLAY: FLOW
- DATASCAN DISPLAY: NUMERIC
- O2 ALARM AUTOSET: OFF
- TIME: 10 : 42
- DATE: 5 JAN 1996
- UNITS DISPLAY: OFF
- CO2 UNITS: MMHG

At the bottom right of the screen, there is a box containing two instructions:

- A circular arrow icon followed by the text 'SELECTS FUNCTION'.
- A right-pointing arrow icon followed by the text 'TOGGLES SETTING'.

## Section 5 - Operation Monitoring System

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### Setting Trace Speed

To adjust the trace speed:

1. Invoke the System Configure screen.
2. Use the thumbwheel to position the cursor on the TRACE SPEED selection. A shaded cursor appears on the current speed setting.
3. Select the trace sweep speed (SLOW or FAST) by pressing the Datagrip trigger the preferred choice appears. (The Datagrip trigger toggles the trace sweep speed between SLOW and FAST.) The SLOW trace speed displays a complete waveform in about 20 seconds. FAST trace speed displays a complete waveform in about 10 seconds.

### Setting Audio Alarm Volume

To adjust the volume of the audio alarm:

1. Invoke the System Configure screen.
2. Use the thumbwheel to position the cursor on the ALARM VOLUME selection.
3. Press the Datagrip trigger.
4. Rotate the thumbwheel to increase or decrease the volume. A wider shaded bar indicates increased volume. A sample tone also sounds. The factory default is 100% volume.
5. To save the setting, press the Datagrip trigger.

### Clearing Trends and Logs

To clear all trends and logs (Data Log and NIBP log):

1. Invoke the System Configure screen.
2. Use the thumbwheel to position the cursor on the TREND/LOG CLEAR selection.
3. Press the Datagrip trigger.
4. YES and NO selections appear to the right of the word CLEAR.
5. Select YES or NO by rotating the thumbwheel, then pressing the Datagrip trigger.
  - To clear all trend and log information, choose YES.
  - To cancel the action, choose NO.

## Section 5 - Operation

### Monitoring System

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#### Selecting the Auxiliary Trace Display

To select the auxiliary trace display for viewing in the middle of the System Monitor screens:

1. Invoke the System Configure screen.
2. Use the thumbwheel to position the cursor on the AUX TRACE DISPLAY selection. A box appears around the current trace selection.
3. Press the Datagrip trigger. The cursor moves to the current trace selection.
4. Rotate the thumbwheel to scroll through the available auxiliary trace selections (FLOW, PRES, ECG 1, ECG 2, ECG 3).

**NOTE:** ECG 1 must be selected to view Marquette Eagle waveforms.

5. Press the Datagrip trigger to select the trace.

#### Selecting the Datascan Display

To select the Datascan display:

1. Invoke the System Configure screen.
2. Use the thumbwheel to position the cursor on the DATASCAN DISPLAY selection. A box appears around the current selection.
3. Press the Datagrip trigger. The cursor moves to the current Datascan selection.
4. Rotate the thumbwheel to scroll through the available selections (NUMERIC or BAR GRAPH).
5. Press the Datagrip trigger to select the Datascan.

#### Setting the O<sub>2</sub> Alarm Autoset

This setting specifies the deviation value used for resetting oxygen alarm limits around the current oxygen measurement. The alarm limits are reset according to this deviation value when the AUTOSET key on the control key panel is pressed.

The deviation value can be set to WIDE, NARROW, or OFF:

- If the WIDE setting is selected, the alarm limit is reset to the current oxygen measurement  $\pm 20\%$  when the AUTOSET key is pressed.
- If the NARROW setting is selected, the alarm limit is reset to the current measurement  $\pm 10\%$  when the AUTOSET key is pressed.
- If the OFF setting is selected, oxygen alarm limits are not changed when the AUTOSET key is pressed.

## Section 5 - Operation Monitoring System

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To specify the deviation values used to reset oxygen alarm limits:

1. Invoke the System Configure screen.
2. Use the thumbwheel to position the cursor on O2 ALARM AUTOSET. A box appears around the current setting.
3. Press the Datagrip trigger. The cursor moves to the current setting.
4. Rotate the thumbwheel to scroll through the available settings (WIDE, NARROW, or OFF).
5. Press the Datagrip trigger to set the value.

### Setting the Time

To set the clock time:

1. Invoke the System Configure screen.
2. Use the thumbwheel to position the cursor on TIME. A box appears around the current hour setting.
3. Press the Datagrip trigger. The cursor moves to the hour setting.
4. To change the setting, rotate the thumbwheel until the correct hour appears. (The Narkomed 2C uses the 24-hour time format.)
5. Press the Datagrip trigger to save the hour setting. The cursor advances to the current minute setting.
6. To change it, rotate the thumbwheel until the correct minute appears.
7. Press the Datagrip trigger to save the minute setting. The cursor returns to the TIME selection.

### Setting the Date

To set the date:

1. Invoke the System Configure screen.
2. Use the thumbwheel to position the cursor on DATE. A box appears around the current day setting.
3. Press the Datagrip trigger. The cursor moves to the day setting.
4. To change it, rotate the thumbwheel until the correct day appears.

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### Monitoring System

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5. Press the Datagrip trigger to save the day setting. The cursor advances to the month setting.
6. To change the month setting, rotate the thumbwheel until the correct month appears.
7. Press the Datagrip trigger to save the month setting. The cursor advances to the year setting.
8. To change the year setting, rotate the thumbwheel until the correct year appears.
9. Press the Datagrip trigger to save the year setting. The cursor returns to the DATE selection.

#### Setting Units Display On/Off

To enable/disable the display of units of measure on the monitor display:

1. Invoke the System Configure screen.
2. Use the thumbwheel to position the cursor on UNITS DISPLAY. A shaded cursor appears on the current setting.
3. Press the Datagrip trigger to select the preferred units display mode (ON or OFF) The Datagrip trigger toggles the setting between ON and OFF. The factory default setting is OFF.

#### Setting CO<sub>2</sub> Units

To set the units to be displayed on the Narkomed 2C for CO<sub>2</sub> data coming from an external CO<sub>2</sub> monitor:

1. Invoke the System Configure screen.
2. Use the thumbwheel to position the cursor on CO2 UNITS. A box appears around the current setting.
3. Press the Datagrip trigger. The cursor moves to the current CO<sub>2</sub> units setting.
4. Rotate the thumbwheel to scroll through the available CO<sub>2</sub> units settings (AUTO, MMHG, %, KPA).
5. Press the Datagrip trigger to select the units.

**NOTE:** With most external monitors, selecting the AUTO setting in the System Configure screen makes the CO<sub>2</sub> units of measure shown on the Narkomed the same as the units used in the external CO<sub>2</sub> monitor's data log. (For some third-party monitors, these units may differ from the units configured on that monitor's main display.)



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However, the Datex AS/3 monitor and the Datascope Point-of-View monitor always transmit CO<sub>2</sub> data in percent, regardless of the units configured on the monitor. To ensure that the preferred CO<sub>2</sub> units of measure are displayed on the Narkomed 2C when receiving data from these monitors, do not use the AUTO setting and select the preferred units in the Narkomed 2C System Configure screen.

**NOTE:** With some third-party monitors such as the Datascope Point-of-View, the mmHg CO<sub>2</sub> values displayed on the monitor may differ slightly from the mmHg values displayed on the Narkomed 2C due to different ambient pressure values used in calculating the mmHg.

Exiting the  
System Configure  
Screen

To save changes and exit from the System Configure screen:

1. Rotate the thumbwheel until the cursor is positioned on the EXIT soft key.
2. Press the Datagrip trigger.
3. The screen where the System Configure screen was invoked appears.

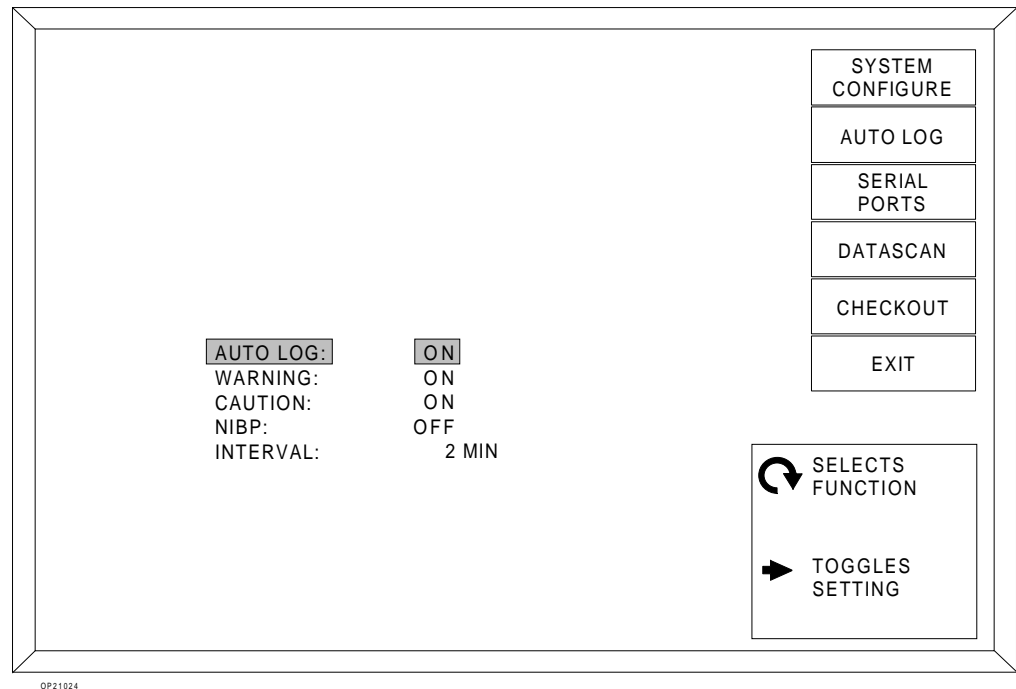
Invoking the Auto  
Log Screen

To invoke the Auto Log screen, select the AUTO LOG soft key from the Configuration Screen menu. This screen has an option to turn the Auto Log function on or off and to configure the conditions for logging data. Data can be automatically logged at regular, specified time intervals or with each occurrence of a Warning, Caution, or new NIBP reading. These options can be combined. When Warning or Caution is selected, the alarm text is entered into the log with the numerical data.

To automatically log data, turn the Auto Log function to ON with all the preferred options for data collection. When the Auto Log function is ON, the data log information is saved automatically at the interval selected.

The screen displays a list of auto log selections. On the right side of the screen is a menu of configuration screens and a dialog box with instructions for the Datagrip trigger and thumbwheel. Any changed settings are retained even if the machine is turned off and will be used when the machine is powered on again.

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Setting Auto Log/  
Warning/Caution/  
NIBP On/Off

To set the Auto Log, Warning, Caution or NIBP functions to ON or OFF:

1. Invoke the Auto Log screen.
2. Use the thumbwheel to position the cursor on the preferred selection. A shaded cursor appears on the current setting for that selection.
3. Press the Datagrip trigger to select the preferred mode (ON or OFF). The Datagrip trigger toggles the setting between ON and OFF. The factory default setting for all functions is ON. The Auto Log function must be ON for information to be saved automatically according to the options selected.

Setting Interval

To set the time interval:

1. Invoke the Auto Log screen.
2. Use the thumbwheel to position the cursor on the INTERVAL selection. A box appears around the interval time.
3. Press the Datagrip trigger. The cursor moves to the current interval setting.

## Section 5 - Operation Monitoring System

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4. Rotate the thumbwheel to increase or decrease the interval for automatically saving auto log information. The available time intervals are 1, 2, 5, and 10 minutes and OFF. The factory default interval is 5 minutes.
5. To save the value, press the Datagrip trigger. The cursor returns to the INTERVAL selection.

### Exiting the Auto Log Screen

To save changes and exit from the Auto Log screen:

1. Rotate the thumbwheel until the cursor is positioned on the EXIT soft key.
2. Press the Datagrip trigger.

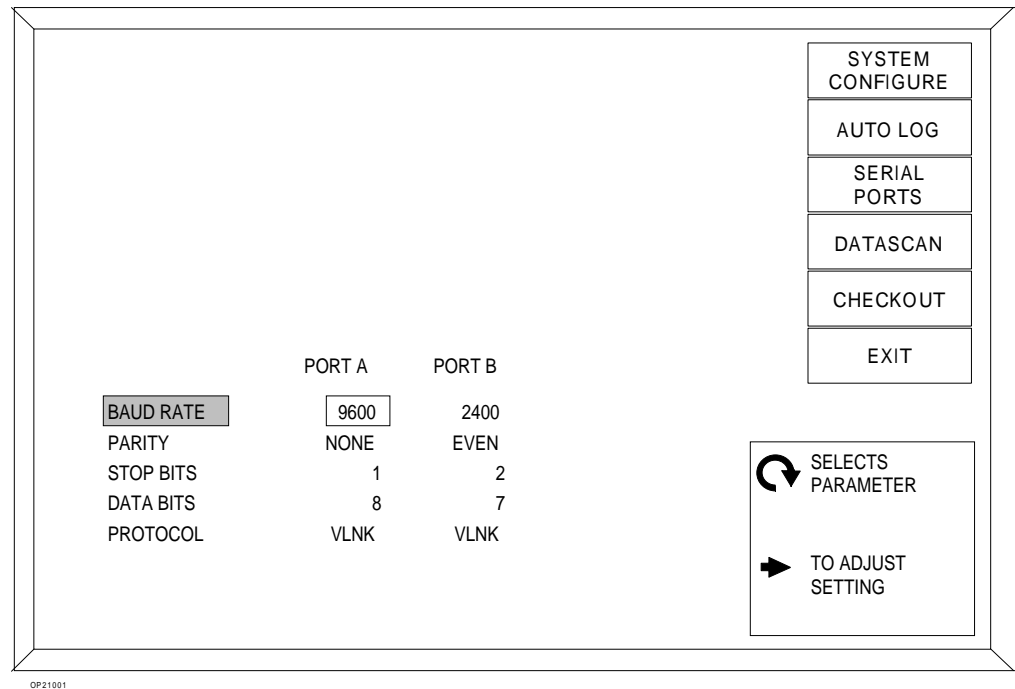
### Invoking the Serial Ports Screen

To invoke the Serial Ports screen, select the SERIAL PORTS soft key from the Configuration Screen menu. This screen is for setting the parameters for the serial ports.

The screen displays parameters for each port. On the right side of the screen is a menu of configuration screens and a dialog box with instructions for using the Datagrip. Any changed settings are retained even if the machine is turned off. These settings will be used when the machine is powered on again.

**NOTE:** The thumbwheel moves a box cursor to the preferred setting for a port. The cursor scrolls through the column for Port A first, then the column for Port B.

## Section 5 - Operation Monitoring System



Setting the Baud Rate, Parity, Stop Bits, Data Bits, and Protocol for Interfaced Monitors

To set the serial port parameter for a selected port:

1. Invoke the Serial Ports screen.
2. Use the thumbwheel to position the cursor on the preferred selection (BAUD RATE, PARITY, STOP BITS, DATA BITS, or PROTOCOL). A box appears around the current setting.
3. Press the Datagrip trigger. The cursor moves to the current setting.
4. Rotate the thumbwheel to scroll through the available settings for the selection.
5. To save the new setting, press the Datagrip trigger. The cursor returns to the selection.

If a communication error occurs, the Advisory message PORT A ERROR or PORT B ERROR appears on the central alarm display.

**NOTE:** Data sent to the Narkomed 2C that is outside its display range will not appear on the remote display.

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**NOTE:** A device and its serial port must have the same configuration. For example, if Port A is configured with a 9600 baud rate, odd parity, 1 stop bit, 8 data bits, and Vitalink, the monitor connected to Port A must be configured the same.

**NOTE:** If a Vitalert 3000 Series monitor and a third party monitor are connected to the Narkomed 2C, the Vitalert 3000 Series monitor must be connected to Port A.

The factory default settings for serial port parameters are shown in the table below.

Parameter	Default Settings
Baud Rate	9600
Parity	NONE
Stop Bits	1
Data Bits	8
Protocol	VLNK

## Section 5 - Operation Monitoring System

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The following table shows the suggested settings for devices connected to the Narkomed 2C.

	Baud Rate	Parity	Stop Bits	Data Bits	Protocol
<b>Vitalink and OR/Link Devices</b>	1200, 9600, 19.2K, or 38.4K	ODD, EVEN, or NONE	1 or 2	7 or 8	VLNK or ORLK
<b>Hewlett-Packard MECIF Devices</b>	19.2K or 38.4K				
	<b>NOTE:</b> The remote MECIF device must be set to transmit HIGH BYTE/LOW BYTE.				
	<b>NOTE:</b> Communications must be set to at least 19.2K baud in order for the Narkomed 2C to display ECG waveform information from the MECIF device.				
<b>SpaceLabs DataLogger Devices</b>	9600	NONE	1	8	S LAB
<b>Marquette TramNet Devices</b>	9600	NONE	1	8	MARQ
	<b>NOTE:</b> Marquette devices require a serial interface adapter (connected to the Narkomed 2C port).				
<b>Datex AS/3 Devices</b>	19.2K	EVEN	1	8	DATEX
<b>Datex CARDIOCAP and CAPNOMAC Devices</b>	1200	NONE	1	8	CARD
<b>Criticare Poet IQ Devices</b>	19.2K	NONE	1	8	POET
<b>Criticare 1100 Devices</b>	9600	NONE	1	8	C1100
<b>Datascope Multinex Devices</b>	2400	NONE	1	8	MULTX
<b>Datascope Passport and Point-of-View Devices</b>	9600	NONE	1	8	DIAP

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<b>Siemens SIRECUST Devices</b>	4800	EVEN	1	8	SRCT
<b>Puritan- Bennett Devices</b>	1200	NONE	1	8	PURBN
<b>Colin BP-508 Devices</b>	4800	EVEN	1	7	COLIN
<b>Criticon DINAMAP Devices</b>	600	NONE	1	8	DNMAP
<b>Nellcor N-1000/N-2500 Devices</b>	9600	NONE	1	8	NELL
<b>Ohmeda Rascal Devices</b>	9600	NONE	1	8	RASCL
<b>Ohmeda RGM Devices</b>	9600	NONE	1	8	RGM

Exiting the Serial  
Ports Screen

To save changes and exit from the Serial Ports screen:

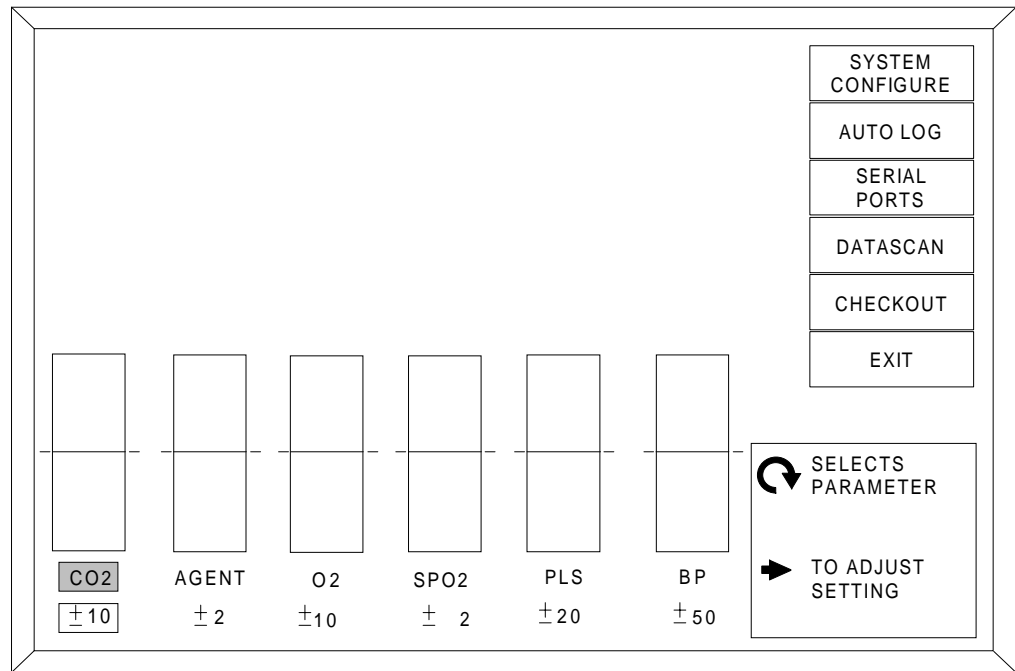
1. Rotate the thumbwheel until the cursor is positioned on the EXIT soft key.
2. Press the Datagrip trigger.

## Section 5 - Operation Monitoring System

### Invoking the Datascan Configure Screen

To invoke the Datascan Configure screen, select the DATASCAN soft key from the Configuration Screen menu. This screen has options to change the deviation values for the bar graphs in the Datascan display.

The Datascan Configure screen displays the Datascan bar graphs along with the deviation values for each measurement. On the right side of the screen is a menu of configuration screens and a dialog box with instructions for using the Datagrip trigger and thumbwheel.



Setting CO<sub>2</sub>,  
Agent, O<sub>2</sub>, SpO<sub>2</sub>,  
Pulse, BP  
Deviation

To set the Datascan bar graph deviations:

1. Invoke the Datascan Configure screen.
2. Use the thumbwheel to position the cursor on the preferred selection. A box appears around the current setting.
3. Press the Datagrip trigger. The cursor moves to the current setting.
4. Rotate the thumbwheel to scroll the selection through the available settings. Refer to the following table for available scaling values for each Datascan measurement.



## Section 5 - Operation Monitoring System

Measurement	Scaling Values
CO <sub>2</sub>	Current Measurement ± 5, 10, 15, or 20 mmHg
Agent	Current Measurement ± 1, 2, 3, or 4 %
O <sub>2</sub>	Current Measurement ± 10, 20, 30, or 40 %
SpO <sub>2</sub>	Current Measurement ± 2, 5, 10, or 15 %
Pulse	Current Measurement ± 10, 20, 50, or 75 BPM
BP	Current Measurement ± 10, 20, 50, or 75 mmHg

- When the preferred value appears, press the Datagrip trigger to save the setting.

The factory default settings for the Datascan measurements are shown in the table below.

Measurement	Default Values
CO <sub>2</sub>	Current Measurement ± 5 mmHg
Agent	Current Measurement ± 1%
O <sub>2</sub>	Current Measurement ± 10%
SpO <sub>2</sub>	Current Measurement ± 2%
Pulse	Current Measurement ± 10 BPM
BP	Current Measurement ± 10 mmHg

Exiting the  
Datascan  
Configure Screen

To save changes and exit from the Datascan Configure screen:

- Rotate the thumbwheel until the cursor is positioned on the EXIT soft key.
- Press the Datagrip trigger.

## Section 5 - Operation Monitoring System

### Invoking the Preuse Checkout Screen

To invoke the Preuse Checkout screen, select the CHECKOUT soft key from the Configuration Screen menu. The Preuse Checkout screens display a list of items to check before each operative procedure with the Narkomed 2C. The screen is also used to initiate oxygen sensor calibrations. For more detailed checkout instructions, see *Section 3 - Daily Checkout*.

### Calibrating the Oxygen Sensor

To calibrate the oxygen sensor from the Preuse Checkout screen:

1. Invoke the CHECKOUT configuration screen.
2. With the cursor on the OXYGEN SENSOR selection, press the Datagrip trigger.
3. The prompt CONTINUE? appears with YES and NO selection boxes.
4. Select YES to initiate calibration.

For complete oxygen sensor calibration instructions, see *Section 5 Operation - Oxygen Monitoring*.

PRE-USE CHECKLIST

CONSULT PRE-USE CHECKOUT PROCEDURES IN THE OPERATOR'S MANUAL FOR DETAILED PROCEDURES

- VERIFY CONNECTION OF PROPER PIPELINE SUPPLIED GASES.
- CHECK PIPELINE SUPPLY PRESSURES: 50 - 55 PSI.
- VERIFY CONNECTION OF PROPER CYLINDER SUPPLIED GASES.
- CHECK CYLINDER PRESSURE: O2 - 1900 PSI, N2O - 745 PSI.
- CHECK FOR SUFFICIENT SUPPLY OF LIQUID ANESTHETIC: LEVEL MUST BE BETWEEN MIN AND MAX FULL MARKING.
- VERIFY TIGHTNESS OF VAPORIZER FILLER AND DRAIN VALVES.
- CHECK VAPORIZER EXCLUSION DEVICE.
- VERIFY FUNCTION OF FLOWMETERS: FLOAT MUST MOVE FREELY OVER FULL RANGE.
- CHECK OXYGEN ANALYZER: EXPOSE SENSOR TO AMBIENT AIR.

OXYGEN SENSOR CAL

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NEW PAGE

EXIT

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**NOTE:** Oxygen calibration can also be performed by using the CAL O2 option next to the Screen Selection menu or from the SETUP screen. Refer to *Section 5 - Oxygen Monitoring*.

## Section 5 - Operation Monitoring System

Paging through  
the Preuse  
Checkout  
Screens

PRE-USE CHECKLIST

CONSULT PRE-USE CHECKOUT PROCEDURES IN THE OPERATOR'S MANUAL FOR DETAILED PROCEDURES

- VERIFY FUNCTION OF ORC:  
ORC LIMIT N2O FLOW AT APPROXIMATELY 25% OXYGEN.
- TEST OXYGEN FLUSH: OXYGEN ANALYZER READING SHALL INCREASE.
- VERIFY OXYGEN DELIVERY: OXYGEN ANALYZER SHALL RESPOND TO INCREASE IN OXYGEN FLOW.
- TEST BATTERY POWER: BATTERY TEST INDICATOR SHALL ILLUMINATE GREEN FOR FULLY CHARGED BATTERY.
- CHECK PROPER CONNECTION OF 22 MM BREATHING HOSES.
- CHECK BREATHING PRESSURE PILOT LINE.
- CHECK PROPER CONNECTION OF 19 MM SCAVENGER HOSES.
- CHECK PROPER CONNECTION OF FRESH GAS HOSE.
- CHECK ALL HOSES FOR KINKS.
- CHECK FOR WATER IN HOSES AND ABSORBER DUST CUP.
- CHECK FOR PROPER CAPACITY BREATHING BAG.

PAGE 2 OF 3

NEW PAGE

EXIT

OP21040

PRE-USE CHECKLIST

CONSULT PRE-USE CHECKOUT PROCEDURES IN THE OPERATOR'S MANUAL FOR DETAILED PROCEDURES

- CHECK STATUS OF ABSORBENT IN THE ABSORBER.
- CHECK FOR FREE GAS PASSAGE IN THE BREATHING SYSTEM.
- CHECK FOR LEAKS IN THE BREATHING SYSTEM.
- TEST PROPER FUNCTION OF APL VALVE: PRESSURE SHALL NOT EXCEED 2 CM H2O AT 8 L/MIN.
- TEST SCAVENGING SYSTEM: WITH Y-PIECE OCCLUDED SUB-ATMOSPHERIC PRESSURE SHALL NOT EXCEED -1 CM H2O.
- TEST VENTILATOR: POSITIVE PRESSURE AT Y-PIECE DURING INSPIRATORY PHASE, FREE GAS PASSAGE DURING EXPIRATORY PHASE.
- TEST PEEP VALVE IF PROVIDED.
- SET ALL ALARM LIMITS TO APPROPRIATE VALUES.
- VERIFY ALARM FUNCTIONS: SIMULATE ALARM CONDITION AND CHECK FOR ALARM ANNUNCIATION.

PAGE 3 OF 3

NEW PAGE

EXIT

OP21041

To page through the Preuse Checkout screens:

1. In any Preuse Checkout screen, rotate the thumbwheel until the cursor is positioned on the selection labeled NEW PAGE.
2. Press the Datagrip trigger.

## Section 5 - Operation Monitoring System

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### Exiting the Preuse Checkout Screens

To exit from any Preuse Checkout screen:

1. Rotate the thumbwheel until the cursor is positioned on the EXIT soft key.
2. Press the Datagrip trigger.

### Invoking the Data Log Screen

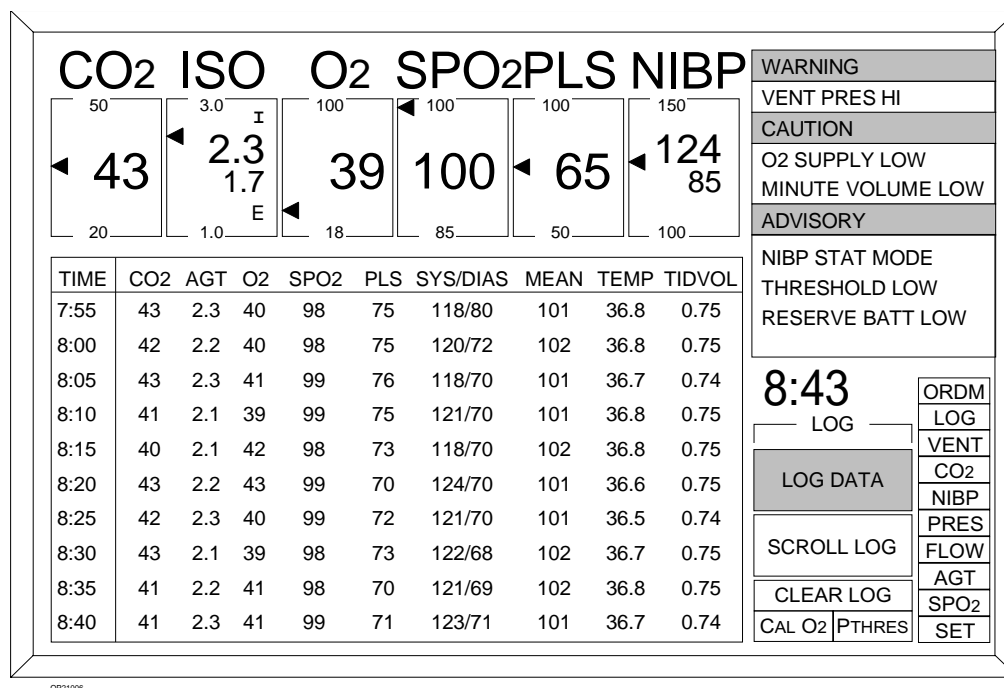
To invoke the Data Log screen, select LOG from the Screen Selection menu. The Data Log is a tabular listing of measurements ("events") saved by the Narkomed 2C for future reference.

The Data Log screen displays up to ten events in tabular, numeric format. The Numeric Datascan and the central alarm display appear at the top of the screen. The Screen Selection menu and the Data Log soft keys, LOG DATA, SCROLL LOG, and CLEAR LOG appear at the bottom right.

Logged events are listed sequentially with their times of occurrence. The most recent data log entry is shown on the bottom line of the table. The following measurements are logged:

- end-tidal carbon dioxide
- inspired agent
- inspired oxygen
- oxygen saturation
- pulse rate
- systolic/diastolic blood pressure
- mean blood pressure
- temperature
- tidal volume

## Section 5 - Operation Monitoring System



Events are entered manually or automatically. If events are entered automatically, make sure the preferred options are chosen for automatic entry. These options are:

- during regular timed intervals
- when Warning alarms occur
- when Caution alarms occur
- at each new NIBP reading

For more information on selecting options, see “Invoking the Auto Log Screen” earlier in this section.

### Logging Data Manually

To manually enter data into the Data Log for future reference:

1. Invoke the Data Log screen.
2. With the cursor positioned on the LOG DATA soft key, press the Datagrip trigger.
3. The current data is recorded in the Data Log.

### Scrolling Through the Data Log

To scroll through the list of events in the Data Log:

1. Invoke the Data Log screen.
2. Position the cursor on the SCROLL LOG soft key.
3. Press the Datagrip trigger.

## Section 5 - Operation Monitoring System

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4. Rotate the thumbwheel downward to view earlier entries or upward to view the most recent entries.
5. Press the Datagrip trigger to exit the Scroll Log function.

### Clearing the Data Logs

The Data Log and the NIBP log can be erased. Typically, logs are cleared at the beginning of a procedure before connecting the patient to the monitoring equipment. This clears the buffer of old data accumulated during machine setup and checkout.

To clear all data log information:

1. Invoke the Data Log screen.
2. Position the cursor on the CLEAR LOG soft key.
3. Press the Datagrip trigger. The prompt CONFIRM? appears with YES and NO selection boxes.
4. Rotate the thumbwheel to select YES or NO and press the Datagrip trigger.

## Section 5 - Operation Monitoring System

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### Invoking the Data Management Screen

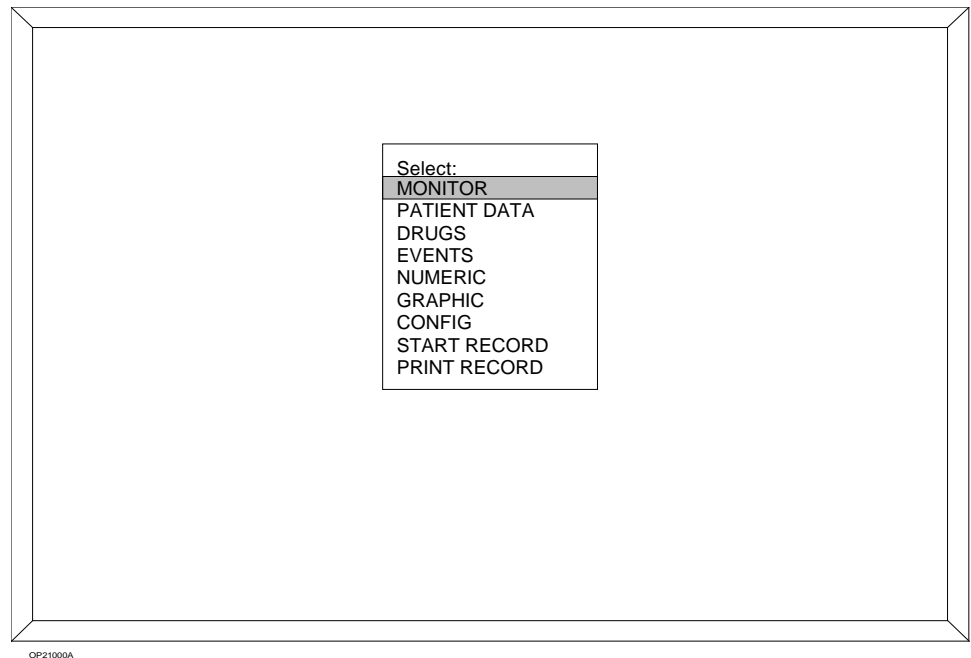
To invoke the Data Management screen, select the ORDM soft key from the Screen Selection menu. A menu is displayed for selecting the various O.R. Data Manager screens. The Data Management screen is available when the optional O.R. Data Manager is installed in the Narkomed 2C.

### Selecting an O.R. Data Manager Screen

To select an O.R. Data Manager screen from the Narkomed 2C Data Management screen:

1. Rotate the thumbwheel to move the highlighted cursor to the preferred selection.
2. Press the Datagrip trigger.

For complete information on the O.R. Data Manager screens, see *Operation - O.R. Data Manager*.



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## Section 5 - Operation Oxygen Monitoring

### Overview

Inspiratory oxygen concentration is measured with a dual galvanic cell sensor attached to the inspiratory valve dome. The sensor works by taking in oxygen, which initiates an electrochemical reaction within the oxygen sensor. The oxygen monitor reads the voltage produced by this reaction and translates it into an oxygen concentration measurement. The sensor incorporates two independent electrochemical cells (or sensor halves), and the oxygen monitor averages the signals produced by the cells.

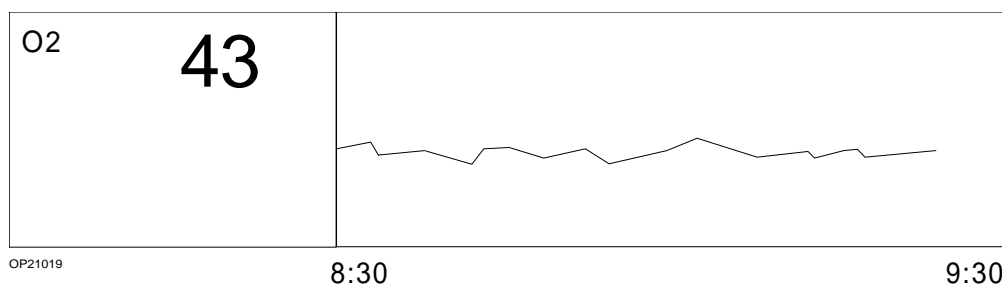
**CAUTION:** Never remove an oxygen sensor from its housing, except to replace it. If a sensor is removed from its housing, do the following before continuing normal operation:

- Reinstall the sensor in the housing.
- Wait for a period equal to the time that the sensor spent outside the housing.
- Calibrate the sensor.

**NOTE:** When the machine is not in use, the oxygen sensor assembly should be removed from the inspiratory valve dome, and the inspiratory valve dome should be closed off with the inspiratory valve dome plug.

### Monitor Display

The oxygen analysis display area is located at the top of the Machine Monitor screen. It shows the numerical value for inspiratory oxygen as well as an inspiratory oxygen trend. You can scroll the trend display back in time, up to 8 hours, by selecting the SCROLL TREND soft key and then rotating the thumbwheel downward.



## Section 5 - Operation

### Oxygen Monitoring

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#### Using Set Up Functions

Alarm limit adjustments and oxygen sensor calibrations are done in the Set Up screen. To invoke the Set Up screen:

1. Select the SET label from the screen selection menu. Three soft keys appear next to the selection menu, and the cursor moves to the top key labeled SET UP.

**NOTE:** If the Machine Monitor screen is selected, the SET UP soft key is always displayed.

2. With the cursor on the SET UP soft key, press the Datagrip trigger. The Set Up screen appears.

**NOTE:** You can also perform oxygen sensor calibrations from the Preuse Checkout screen or the CAL O2 option available next to the Screen Selection menu.

O2	43	OXYGEN HIGH	60
		OXYGEN LOW	30
		OXYGEN SENSOR	CAL

OP21016

#### Setting Alarm Limits

To adjust the oxygen high or low alarm limit:

1. Invoke the Set Up screen.
2. Use the thumbwheel to position the cursor on the alarm limit to be changed (OXYGEN HIGH or OXYGEN LOW). A box appears around the current limit setting.
3. Press the Datagrip trigger. The cursor moves to the current setting.
4. Rotate the thumbwheel to scroll the numerical value up or down within its allowable range (19–100% for OXYGEN HIGH, 18–99% for OXYGEN LOW). The factory default values are 100% for the HIGH setting and 30% for the LOW setting.

The OXYGEN HIGH setting cannot be less than or equal to the OXYGEN LOW setting. The OXYGEN LOW setting cannot be greater than or equal to the OXYGEN HIGH setting.

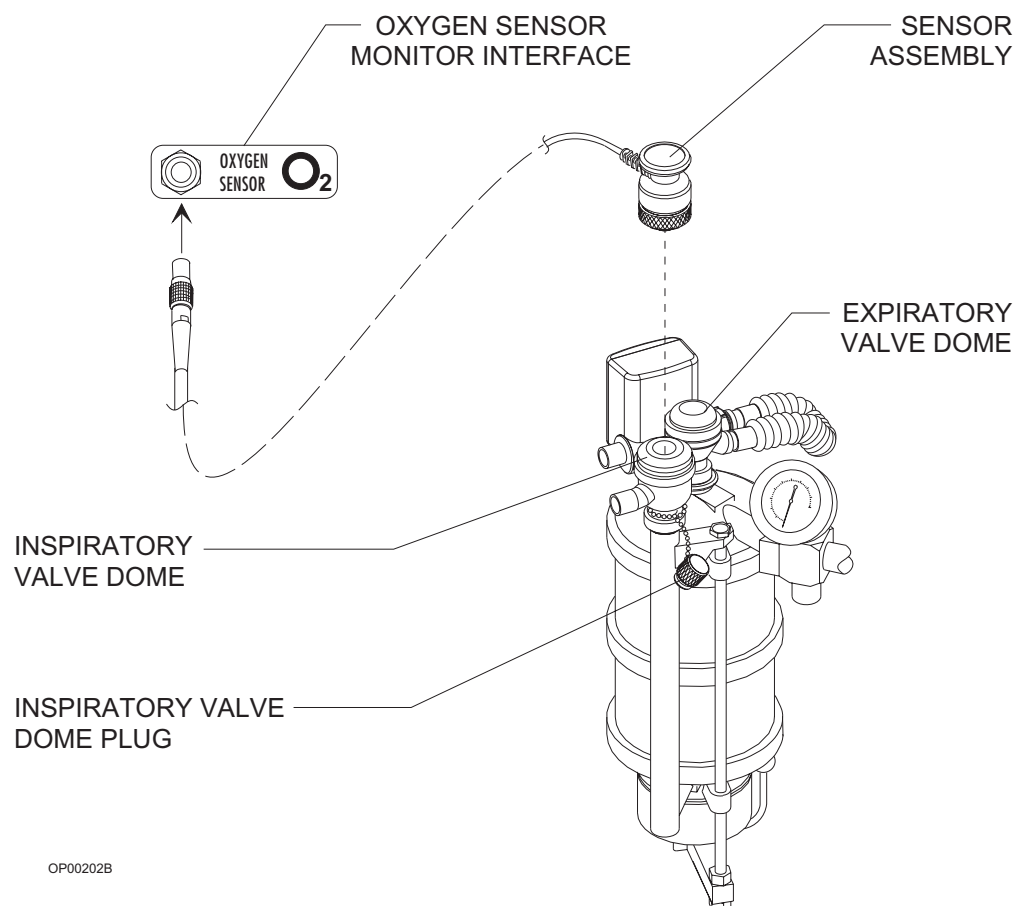
## Section 5 - Operation Oxygen Monitoring

### Calibrating the Oxygen Sensor

5. To save the new value, press the Datagrip trigger. The cursor returns to the alarm selection.

To be calibrated correctly, the sensor must be exposed to room air. Calibration of the oxygen sensor should be performed as part of the daily preoperative setup of the anesthesia equipment.

1. Remove the sensor assembly from the inspiratory valve dome and close off the dome with the inspiratory valve dome plug. (Do not disassemble the sensor assembly further.)



2. Expose the sensor to ambient air only (away from any open part of the breathing system), and allow it to stabilize for several minutes. The sensor should only be exposed to the 21% oxygen concentration normally found in ambient air.
3. Invoke the Set Up screen by selecting the SET label from the Screen Selection menu, and then selecting the SET UP soft key.

## Section 5 - Operation Oxygen Monitoring

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**NOTE:** The CAL O2 option on the main display also calibrates the oxygen sensor.

4. Use the thumbwheel to position the cursor on OXYGEN SENSOR. A box appears around the word CAL.
5. Press the Datagrip trigger to initiate the oxygen sensor calibration. You will be prompted to verify that the sensor is exposed to ambient air (21% O<sub>2</sub>). Follow the instructions that appear on the display.

The length of time that the sensor takes to calibrate depends on the gas mixture which the sensor was exposed to before calibration. If the sensor is exposed to 21% oxygen, calibration can take as little as 10 seconds. If the sensor is exposed to higher concentrations of oxygen, calibration may last up to 50 seconds. Typically, calibration lasts less than 30 seconds.

6. When the Narkomed 2C has completed calibration, pull the inspiratory valve dome plug and reinsert the sensor assembly.

### Calibration Using the CAL O2 Option

1. Use the thumbwheel to scroll through the Selection Menu past SET and PTHRES to the CAL O2 option.
2. Press the Datagrip trigger to initiate calibration. A confirmation message is displayed. No calibration instructions are provided.
3. Select YES to continue.

### Causes of Unsuccessful Calibration

If, at the end of the calibration period, the oxygen display area remains blank, the calibration was not successful. (This condition is also indicated by Advisory messages.) An unsuccessful calibration can be caused by several conditions:

- *Sensor was exposed to an excessively lean or excessively rich oxygen calibration mixture. Make sure that the sensor is exposed to room air only for the entire calibration period.*
- *Sensor was exposed to a constantly changing calibration mixture. As stated above, make sure that the sensor is exposed only to room air for the entire calibration period.*
- *Sensor has not received the proper waiting period. If the sensor capsule has been removed from the sensor assembly, a waiting period equal to the time that the capsule spent outside the sensor assembly (up to one week) is necessary. New sensors require a 15 minute waiting period.*

## Section 5 - Operation Oxygen Monitoring

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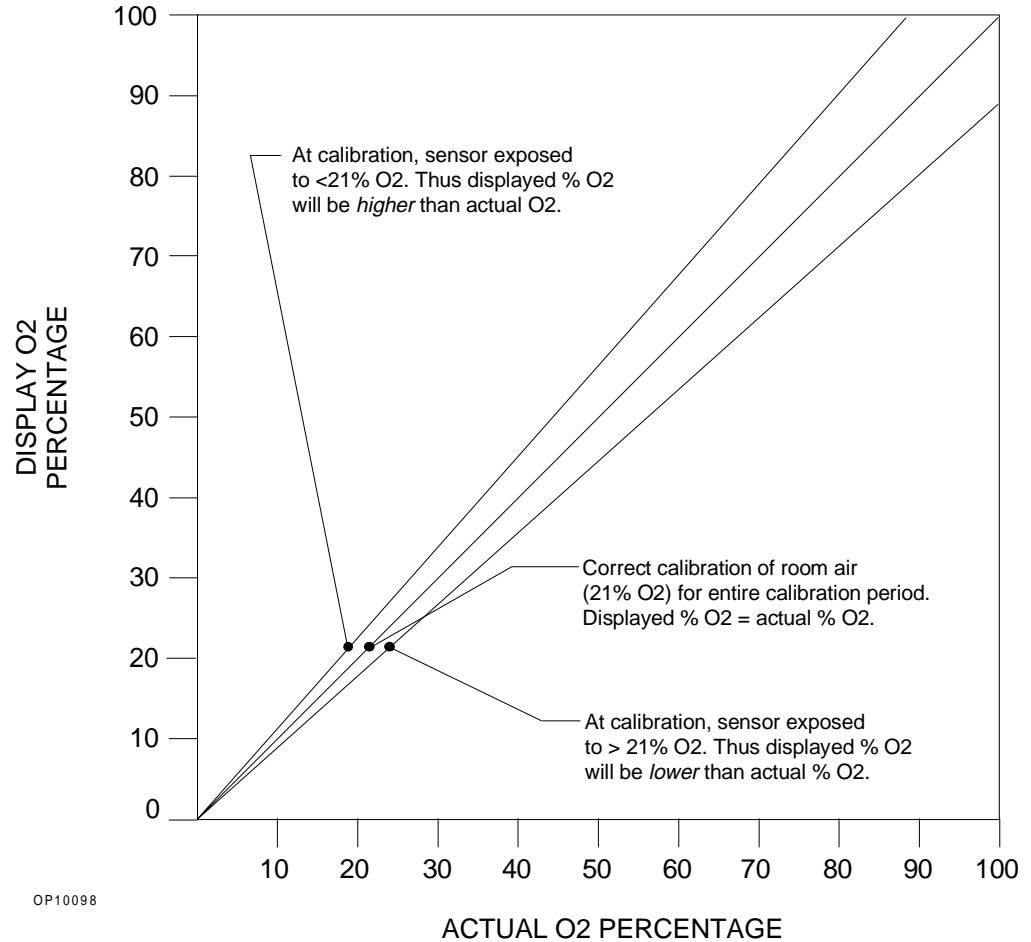
- *Sensor is exhausted.* If the oxygen sensor has decayed beyond its useful service life (see *Section 7 - Specifications* section of the manual), replace the decayed sensor with a new sensor and allow the proper waiting period.
- *Sensor is defective.* If there is too great a difference between the outputs of the two sensor halves, replace the defective sensor with a new sensor and allow the proper waiting period.
- *Sensor is disconnected.* When the sensor is disconnected, the display area is blank, and the message O2 SENSOR DISC appears on the central alarm display. If this happens, reconnect the sensor cord to the interface panel on the Narkomed 2C and select the OXYGEN SENSOR selection on the Set Up screen again.

### Results of Unsuccessful Calibration

If the oxygen sensor is improperly calibrated, it can cause inaccurate measurements. When a calibration gas mixture is excessively rich or lean in oxygen, the Narkomed 2C will not complete an attempted calibration; however, if the calibration gas is rich or lean but is within certain limits, the Narkomed 2C will complete the calibration. As a result, when displaying sensor measurements, the Narkomed 2C displays an oxygen percentage either greater or less than the actual oxygen percentage. Therefore, make sure that the sensor is exposed only to room air during the entire calibration period.

## Section 5 - Operation Oxygen Monitoring

The following figure illustrates the relationship between the calibration mixture and the accuracy of oxygen measurement.



## Section 5 - Operation Oxygen Monitoring

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### Oxygen Alarm Messages

The following list contains all warning, caution and advisory alarms associated with oxygen monitoring.

#### INSP O2 LOW (Warning)

The Narkomed 2C continuously compares the current inspiratory oxygen percentage with the preset low oxygen alarm limit. If the measured oxygen concentration falls below the low alarm limit, the Warning message INSP O2 LOW appears on the central alarm display and a continuous audible alarm sounds.

#### INSP O2 HIGH (Advisory)

If the measured inspiratory oxygen concentration exceeds the preset high alarm limit, the Advisory message INSP O2 HIGH appears on the central alarm display and a single-tone audible alarm sounds.

#### O2 SENSOR DISC (Advisory)

If the oxygen sensor cord becomes disconnected (or is damaged enough to cause an open circuit), the Advisory message O2 SENSOR DISC appears on the central alarm display and a single-tone audible alarm sounds.

#### REPLACE O2 CELL (Advisory)

During oxygen sensor calibration and monitoring, the Narkomed 2C checks for a difference between the outputs of the two sensor channels. If the difference exceeds a predetermined percentage, the Advisory message REPLACE O2 CELL appears on the central alarm display.

During oxygen sensor calibration, the Narkomed 2C also checks the sensor's output against a range of acceptable output voltages. There are three possible causes for deviation from within this range.

- *Exhausted sensor.* If the sensor's capacity is exhausted, its output voltage will not meet the required minimum.
- *Incorrect calibration environment.* If the sensor is exposed to an excessive oxygen during calibration, the sensor's output will be above or below the acceptable output range.
- *Improper waiting.* If the proper waiting period is not allowed for a new sensor or for a sensor removed from the sensor housing, the sensor's output may be above or below the acceptable output range.

If a sensor error condition is detected during monitoring, the Advisory message REPLACE O2 CELL appears on the central alarm display and operation continues. Try to recalibrate the sensor; if the message remains, replace the sensor cell.

## Section 5 - Operation

### Oxygen Monitoring

---

CAL O2 SENSOR  
(Advisory)      The Advisory message CAL O2 SENSOR appears on the central alarm display in the following instances:

- the oxygen sensor enters a uncalibrated state
- the Narkomed 2C is unable to calibrate the oxygen sensor
- more than 18 hours have elapsed since the last calibration

SERVICE  
O2 MON  
(Advisory)      If the Narkomed 2C detects an internal electronic failure that would prevent proper operation, the Advisory message SERVICE O2 MON appears on the central alarm display. If this happens, contact a North American Dräger qualified technical service representative.

**Low Oxygen Supply Whistle**      If the Narkomed 2C is configured to do so, it sounds a 7-second whistle when the oxygen supply drops too low to properly pressurize the fresh gas circuit (below about 37 psi). If this alarm sounds, it cannot be silenced.



## Section 5 - Operation Oxygen Monitoring

### Problem Resolution

PROBLEM	POSSIBLE CAUSE	REMEDY
Display area remains blank when a reading is expected. CAL O2 SENSOR message on central alarm display.	Needs calibration	Perform proper calibration. Remove sensor assembly from breathing circuit. Make sure sensor is exposed to room air only. Press the Datagrip trigger to invoke the menu. Use the selection wheel to select OXYGEN SENSOR CAL, then press the Datagrip trigger and follow the on-screen instructions.
O <sub>2</sub> analyzer fails to retain calibration. Alarm message CAL O2 SENSOR appears on central alarm.	Backup memory power not available	Check battery circuit breaker.
		Allow backup battery to recharge, and recalibrate the analyzer.
	Hardware malfunction	Contact NAD qualified technical service representative.
Pressing OXYGEN SENSOR CAL does not initiate calibration.	Sensor is disconnected	Reconnect sensor cord to input receptacle on anesthesia machine.
	Sensor cord is damaged	Replace housing/cord assembly.

## Section 5 - Operation

### Oxygen Monitoring

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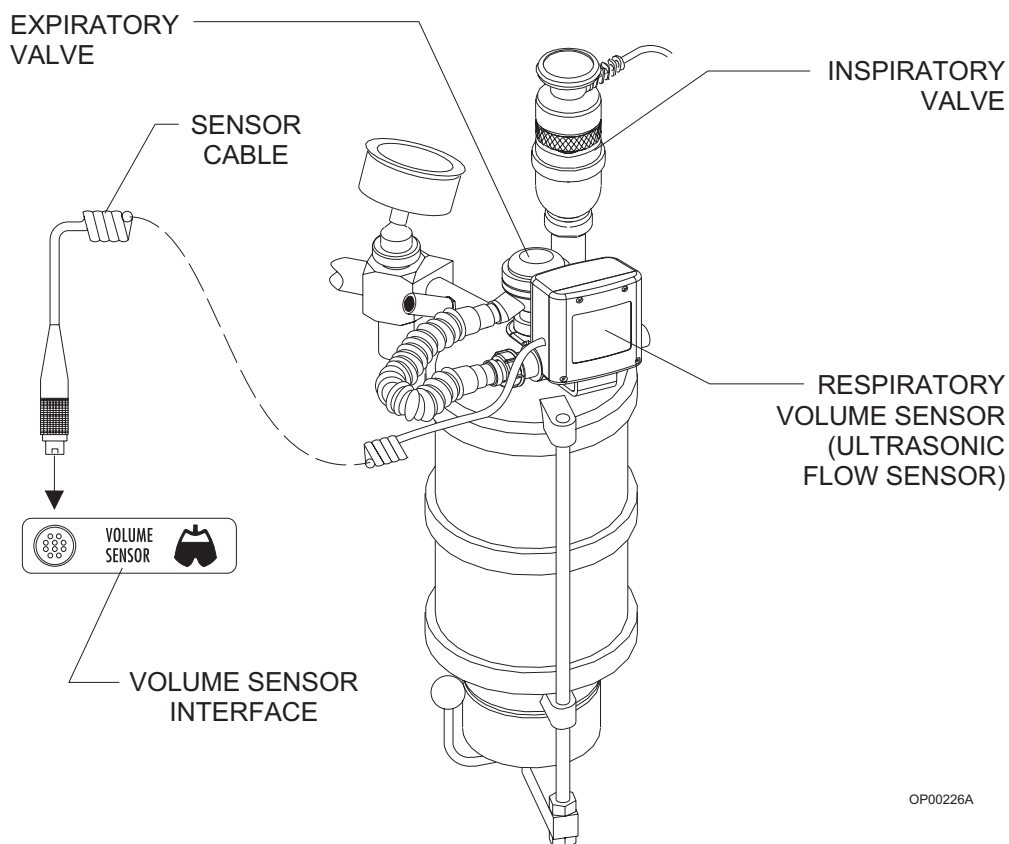
PROBLEM	POSSIBLE CAUSE	REMEDY
Pressing OXYGEN SENSOR CAL initiates calibration, but display window remains blank at end of calibration period	Sensor is exposed to incorrect oxygen concentration	Expose sensor to room air for 21% calibration.
	Sensor exposed to constantly changing calibration mixture	
	Sensor capsule was removed from housing for a prolonged period	Allow a waiting period equal to duration of capsule removal.
	New capsule not given proper waiting period	Allow a 15 minute waiting period.
	Exhausted or defective sensor capsule	Replace sensor capsule. Allow a 15 minute waiting period.
O2 SENSOR DISC message appears on central alarm display during monitoring	Defective sensor housing and cable	Replace housing/cable assembly.
	Sensor cord is disconnected	Reconnect sensor cord to input receptacle on anesthesia machine.

## Section 5 - Operation

### Respiratory Volume Monitoring

#### Overview

Respiratory volume is measured using an ultrasonic flow sensor which is attached to the expiratory valve and mounted to the top of the absorber assembly. The ultrasonic flow sensor has two transducers that measure the time of flight of ultrasonic pulses transmitted upstream and downstream in the respiratory flow path. The difference in time of flight is used to determine the velocity and the flow rate of gas through the patient circuit. The flow sensor output is converted into meaningful readings for minute volume, tidal volume, and respiratory rate displays.



OP00226A

**WARNING:** The ultrasonic flow sensor can be used with all normal anesthetic gases except oxygen-helium (heliox). Incorrect flow measurements will result if heliox is used.

## Section 5 - Operation

### Respiratory Volume Monitoring

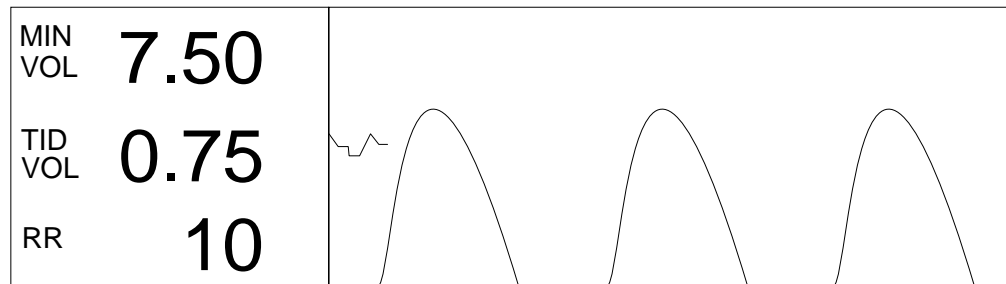
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**CAUTION:** Although the Narkomed 2C is designed to minimize the effects of ambient radio-frequency interference, the functioning of the respiratory volume monitor may be adversely affected by the operation of electrosurgical equipment or short wave or microwave diathermy equipment in the vicinity.

**NOTE:** Sudden, irregular expiratory flow may cause erratic tidal volume and respiratory rate displays. To avoid such erroneous measurements, defer reading the display until a full minute has elapsed after the irregular flow has stopped.

#### Monitor Display

The respiratory volume display is located at the bottom of the Machine Monitor screen. It shows numerical values for minute volume, tidal volume and breaths per minute. It also shows the expiratory flow waveform and up to one hour of minute volume trend data. You can scroll the trend display back in time, up to 8 hours, by selecting the SCROLL TREND soft key and then rotating the thumbwheel downward. In the System Configure screen, you can choose a fast or a slow speed for waveform display.



OP21020

The minute volume display continuously shows the volume of exhaled gas accumulated during the previous minute of respiration. If a full one-minute history of exhaled volume is not available, the MIN VOL display area is blank. You can adjust the low alarm limit for minute volume.

The tidal volume display shows the volume for each breath. If at any time the monitor does not detect a valid breath within a 30-second period, the TID VOL and MIN VOL display areas go blank.

The respiratory rate shows the number of breaths per minute.

## Section 5 - Operation

### Respiratory Volume Monitoring

Fixed alarms are provided for low tidal volume, low minute volume, and reverse flow through the sensor. While the ventilator is on, apnea volume alarms are generated at 15 seconds (Caution) and 30 seconds (Warning) if the respiratory volume monitor does not sense a valid breath. While the ventilator is off, these alarms are generated at 30 seconds (Caution) and 60 seconds (Warning).

The Narkomed 2C's volume alarms are automatically enabled when the ventilator power switch is turned to the ON position. A disconnected or damaged sensor causes a sensor failure alarm.

#### Using Set Up Functions

Alarm limits and the minute volume trend scale are configured in the Set Up screen. To invoke the Set Up screen:

1. Select the SET label from the screen selection menu. Three soft keys appear next to the selection menu, and the cursor moves to the top key labeled SET UP.

**NOTE:** If the Machine Monitor screen is selected, the SET UP soft key is always displayed.

2. With the cursor on the SET UP soft key, press the Datagrip trigger. The Set Up screen appears.

MIN VOL	7.50	MINUTE VOLUME LOW VOLUME ALARMS	1.0 ON
TID VOL	0.75		
RR	10	MIN VOL SCALE	0-20

OP21017

#### Setting Minute Volume Low Limit

To set the minute volume low limit:

1. Invoke the Set Up screen.
2. Use the thumbwheel to position the cursor on the MINUTE VOLUME LOW selection. A box appears around the current alarm limit setting.
3. Press the Datagrip trigger. The cursor moves to the current setting.
4. Rotate the thumbwheel to scroll the numerical value up or down within its allowable range (0.2–10 liters). The factory default setting is 1.0 liters.

## Section 5 - Operation

### Respiratory Volume Monitoring

---

5. To save the new setting, press the Datagrip trigger. The cursor returns to the MINUTE VOLUME LOW selection.

#### Setting Volume Alarms On/Off

To turn the volume alarms on or off:

1. Invoke the Set Up screen.
2. Use the thumbwheel to position the cursor on the VOLUME ALARMS selection.
3. A second shaded cursor appears on the current setting.
4. Press the Datagrip trigger to toggle the alarm setting between ON and OFF. The factory default setting is OFF.

**NOTE:** If the alarms are in STBY (standby), pressing the Datagrip trigger will turn the alarms on.

#### Setting Minute Volume Trend Scale

To set the minute volume trend scale:

1. Invoke the Set Up screen.
2. Use the thumbwheel to position the cursor on the MIN VOL SCALE selection. A box appears around the current scale setting.
3. Press the Datagrip trigger. The cursor moves to the current setting.
4. Rotate the thumbwheel up or down to scroll through the available minute volume trend scales: 0-5, 0-10 or 0-20.
5. To save the new setting, press the Datagrip trigger. The cursor returns to the MIN VOL SCALE selection.

## Section 5 - Operation

### Respiratory Volume Monitoring

---

#### Respiratory Volume Alarm Messages

The following list contains all warning, caution and advisory alarms associated with respiratory volume monitoring.

##### APNEA-VOLUME (Warning/ Caution)

The Narkomed 2C continuously monitors the expiratory flow in the patient breathing system. By processing the expiratory flow pattern, the monitor can determine if a "valid" breath has occurred. A "valid" breath has a tidal volume of 20 ml or greater.

#### When the ventilator is on:

If a valid breath is not detected for an interval of 15 seconds, the Caution message APNEA-VOLUME appears on the central alarm display and an intermittent audible alarm sounds.

If a valid breath is not detected for an additional 15 seconds (30 seconds total), the Caution message APNEA-VOLUME is upgraded to a Warning on the central alarm display and a continuously repeating audible alarm sounds.

#### When the ventilator is off:

The Caution condition does not occur until 30 seconds have elapsed; the Warning condition does not occur until 60 seconds have elapsed.

During apneic conditions, the respiratory volume measurements disappear after 30 seconds. When a valid breath is detected, alarm annunciation ceases and a tidal volume measurement appears in the display window. However, a full minute of respiratory activity must be registered before the minute volume and respiratory rate appear.

**NOTE:** Volume-related alarms can be disabled with the Volume Alarms selection in the Set Up screen.

**NOTE:** During some breathing system disconnects when the ventilator is in use, the ventilator's dynamics may cause a small volume of gas to be drawn through the expiratory valve and the ultrasonic flow sensor. Because of the enhanced sensitivity of the flow sensor, this volume may be detected as a valid breath. However, the disconnect will still be detected by the airway pressure monitor which is always on and can not be turned off when the ventilator is in use.

##### MINUTE VOLUME LOW (Caution)

Whenever the Narkomed 2C measures a minute volume less than the low minute volume alarm limit, the Caution message MINUTE VOLUME LOW appears on the central alarm display and an intermittent audible alarm sounds.

## Section 5 - Operation

### Respiratory Volume Monitoring

---

REVERSE FLOW (Advisory)	<p>If a reverse flow in excess of 20 ml is detected, the Advisory message REVERSE FLOW appears on the central alarm display and a single-tone audible alarm sounds.</p> <p>A forward flow greater than 20 ml clears the alarm condition. The REVERSE FLOW alarm message remains on the screen for 5 seconds after the resumption of forward flow to allow the recognition of an intermittent reverse flow condition.</p>
VOL SENSOR DISC (Advisory)	<p>The VOL SENSOR DISC advisory message appears in the Alarm window if the sensor cable is not properly connected to the interface panel, if there is an internal sensor fault, or if the electronics housing is not properly seated on the flow housing/transducer assembly.</p>
VOL ALARMS OFF (Advisory)	<p>When the volume alarms have been disabled, the Advisory message VOL ALARMS OFF appears on the central alarm display.</p> <p>This alarm condition is also generated by a disconnect of the sensor cord.</p>
VOL ALARMS STBY (Advisory)	<p>When the volume alarms have been set to Standby, the Advisory message VOL ALARMS STBY appears on the central alarm display.</p>
SERVICE VOL MON (Advisory)	<p>If the Narkomed 2C detects an internal electronic failure that would prevent proper operation, the Advisory message SERVICE VOL MON appears on the central alarm display. If this happens, contact a North American Dräger qualified technical service representative.</p>



## Section 5 - Operation

### Respiratory Volume Monitoring

#### Problem Resolution

PROBLEM	POSSIBLE CAUSE	REMEDY
Blank display area	One full minute has not elapsed (for minute volume and respiratory rate) since respiration began	Wait one full minute to read display.
	Apnea condition	Correct apnea condition. Ensure sensor is properly connected to the expiratory valve.
Blank display area, VOL SENSOR DISC alarm message on central alarm display	Sensor cable disconnected	Reconnect sensor cable to interface panel on anesthesia machine.
	Sensor fault	Replace sensor assembly.
	Electronics housing is not properly seated on flow housing/transducer assembly	Reseat electronics housing on the flow housing/transducer assembly and ensure it is locked in place.
REVERSE FLOW alarm message on central alarm display	Expiratory valve not closing completely during inspiration	Check expiratory valve disc and pins. Clean, repair, or replace expiratory valve.
	Defective sensor	Replace sensor assembly.

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## Section 5 - Operation

### Breathing Pressure Monitoring

#### Overview

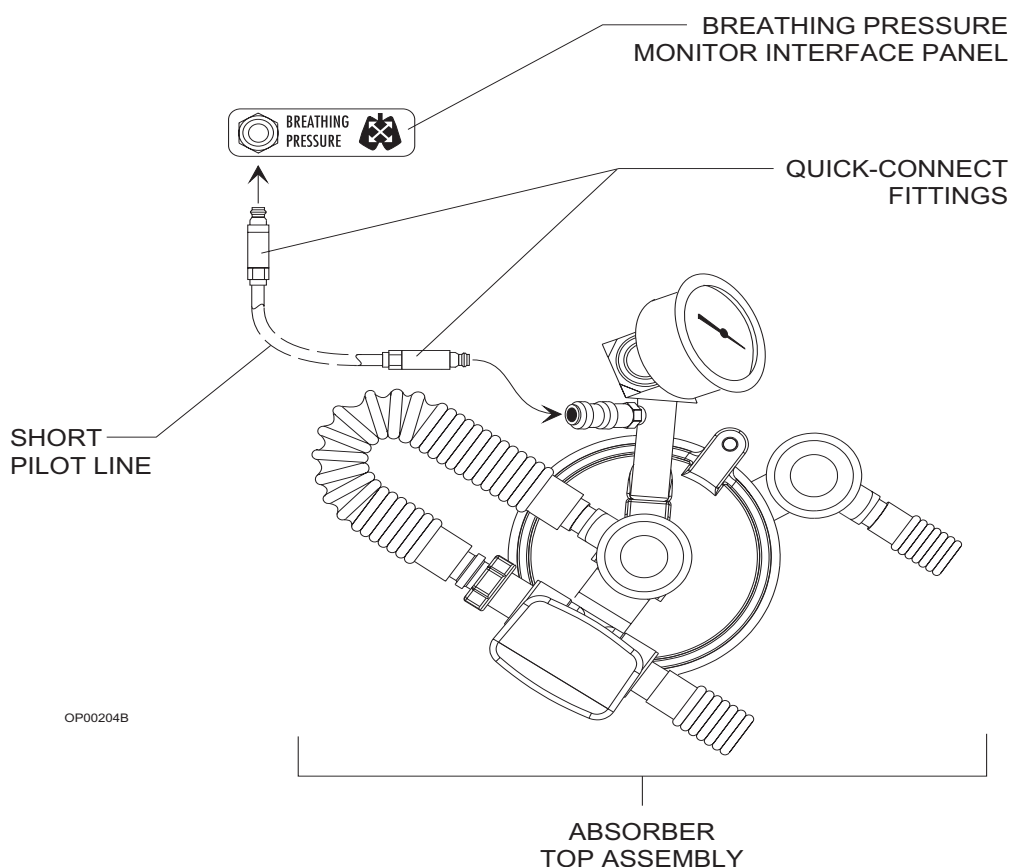
Breathing pressure is measured with a solid-state pressure transducer that can sense pressure at either the absorber or patient Y-piece, depending on which pilot line is used.

#### Installing the Breathing Pressure Pilot Line

North American Dräger anesthesia systems are supplied with two breathing pressure pilot lines: a shorter one for breathing pressure monitoring at the absorber, and a longer line for breathing pressure monitoring at the Y-piece. For either type of pilot line, check the line for obstructions and moisture accumulation before and during use.

For breathing pressure monitoring at the absorber, install the shorter pilot line (which has a quick-connect fittings on both ends) as follows:

1. Insert one quick-connect fitting on the pilot line into the quick-connect fitting mounted on the rear of the gas pipe that extends from the absorber top assembly. (The absorber quick-connect fitting has a self-closing construction, and can be left unused when employing the longer pilot line.)
2. Insert the other quick-connect fitting into the quick-connect fitting on the breathing pressure monitor interface panel.

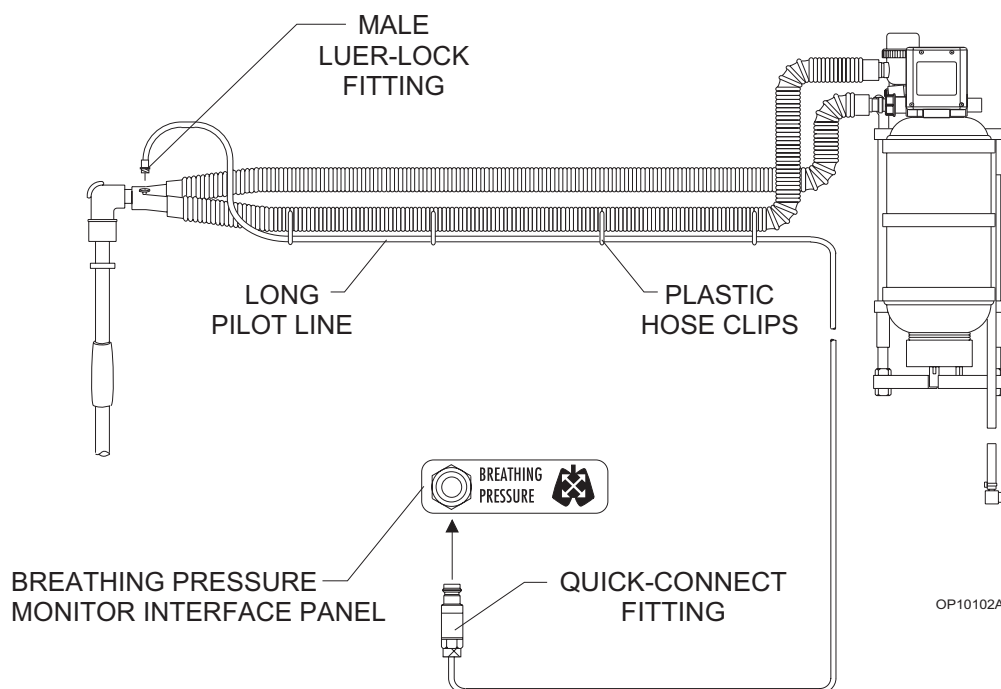


## Section 5 - Operation

### Breathing Pressure Monitoring

For breathing pressure monitoring at the patient Y-piece, install the longer pilot line (which has a quick-connect fitting on one end and a Luer type fitting on the other end) as follows:

1. Insert the quick-connect fitting on the pilot line into the quick-connect fitting on the breathing pressure monitor interface panel.
2. Insert the Luer fitting on the pilot line with a Luer fitting on either the patient Y-piece or a 15 mm adapter on the patient side of the Y-piece. Use the four plastic hose clips attached to the pilot line to mount it on either of the breathing hoses leading to the Y-piece.



OP10102A

#### Choice of Breathing Pressure Monitoring Location

North American Dräger has no control over the type of breathing hoses and Y-pieces that are ultimately used with NAD absorber systems and pressure monitors—specifically, whether such user-supplied components include a terminal for pressure monitoring at or near the Y-piece. In order to ensure that some form of pressure monitoring is always used, provisions have been made for pressure monitoring at the absorber (the quick-connect fitting on the absorber gas pipe). However, do not construe this provision for monitoring at the absorber as a recommendation from North American Dräger for this pressure monitoring location.

## **Section 5 - Operation Breathing Pressure Monitoring**

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In fact, arguments can be made for pressure monitoring at either the Y-piece or at the absorber. Advocates of Y-piece pressure monitoring first claim that it more accurately reflects the pressure developed in the patient's lungs. They also claim that a blocked breathing system can be more easily detected with this method when compared with pressure monitoring at the absorber.

For example, if the inspiratory breathing hose became kinked or blocked during automatic ventilation, the ventilator bellows would continue to cycle against the blocked hose. A pressure monitor connected at the Y-piece (downstream of the occlusion) could sense either an absence of pressure fluctuation and alarm, or could sense a reduced pressure fluctuation (below the threshold pressure alarm limit) and alarm. In contrast, a pressure monitor connected at the absorber (upstream of the occlusion) could sense a pressure fluctuation above the threshold pressure alarm limit, and thus would not alarm. (Both of these scenarios assume that the occlusion does not cause a peak pressure high enough to activate the peak pressure alarm, which is meant to detect pressures likely to cause barotrauma.)

However, North American Dräger disagrees with the idea of relying on pressure monitoring to detect a blocked breathing circuit. Carbon dioxide monitoring and respiratory flow monitoring provide superior detection of blocked breathing paths when compared to pressure monitoring, which detects such conditions only in some instances. North American Dräger pressure monitors are therefore not promoted for detection of blocked breathing paths.

Further, Y-piece pressure monitoring has several disadvantages that could collectively cause the operator to neglect connecting the pressure monitoring pilot line. Examples include increased contamination of the pilot line due to its proximity to secretions, buildup of condensation within the pilot line, and the introduction of additional disconnection points (if the pilot line connects to a 15 mm adapter).

In conclusion, the responsibility for the selection of pressure monitoring at either the absorber or the Y-piece rests with you, the operator. Your clinical considerations, over which North American Dräger has no control, must be included in this decision. North American Dräger is available to discuss with you in detail the positive and negative aspects of each pressure monitoring approach.

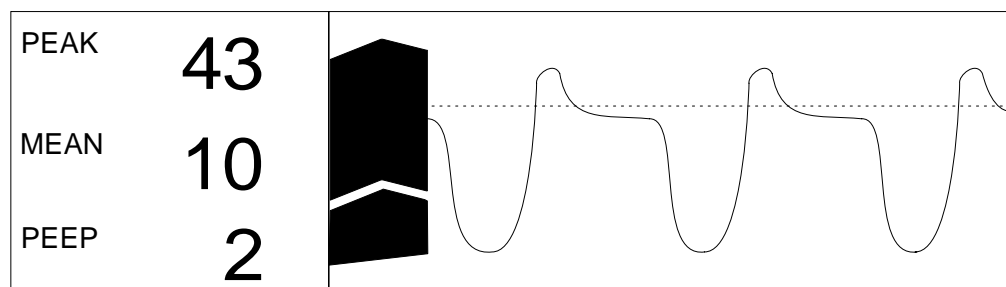
## Section 5 - Operation

### Breathing Pressure Monitoring

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#### Monitor Display

The breathing pressure monitoring display is located in the middle of the Machine Monitor screen. It shows numerical values for peak, mean, and positive end-expiratory pressure (PEEP) airway pressures. The minimum numeric display range is -10 to 125 cmH<sub>2</sub>O with 1 cmH<sub>2</sub>O resolution. The display also shows a pressure waveform and up to one hour of combined trend of the three airway pressure measurements. You can scroll the trend display back in time, up to 8 hours, by selecting the SCROLL TREND soft key and then rotating the thumbwheel downward. In the System Configure screen, you can choose a fast or a slow speed for waveform display.



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The peak pressure is the highest instantaneous pressure value for each breath. The mean pressure represents the average of all of the instantaneous pressure values recorded during each breath. The PEEP pressure is the pressure after exhalation.

During apneic conditions, the pressure monitor displays numeric information as long as it detects a peak pressure at least 10 cmH<sub>2</sub>O greater than PEEP pressure. When this pressure difference drops below 10 cmH<sub>2</sub>O, the numeric information remains 60 seconds longer and then disappears.

The breathing pressure waveform provides a visual assessment of lung mechanics and ventilation. The horizontal dotted line on the waveform represents the threshold pressure (apnea) alarm limit, which is useful when adjusting the limit. (For more information, see "Setting Pressure High and Threshold Pressure Limits" later in this section.)

#### Using Set Up Functions

Alarm adjustments and the setting of the breathing pressure trend scale are done in the Set Up screen. To invoke the Set Up screen:

1. Select the SET label from the screen selection menu. Three soft keys appear next to the selection menu, and the cursor moves to the top key labeled SET UP.

## Section 5 - Operation

### Breathing Pressure Monitoring

**NOTE:** If the Machine Monitor screen is selected, the SET UP soft key is always displayed.

- With the cursor on the SET UP soft key, press the Datagrip trigger. The Set Up screen appears.

PEAK	43	PRESSURE HIGH	50
MEAN	10	THRESHOLD PRES	30
PEEP	2	APNEA ALARM	OFF
		AUTO-THRESHOLD	SET
		PRESSURE SCALE	0-100

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#### Setting Pressure High and Threshold Pressure Alarm Limits

To set the pressure high limit and the threshold pressure alarm limit:

- Invoke the Set Up screen.
- Use the thumbwheel to position the cursor on the desired selection (PRESSURE HIGH or THRESHOLD PRES). A box appears around the current limit setting.
- Press the Datagrip trigger. The cursor moves to the current setting.
- Rotate the thumbwheel to scroll the numerical value up or down within its allowable range (30–120 cmH<sub>2</sub>O for PRESSURE HIGH, 5–30 cmH<sub>2</sub>O for THRESHOLD PRES.) The factory default values are 50 cmH<sub>2</sub>O for the HIGH setting and 12 cmH<sub>2</sub>O for the THRESHOLD setting.
- To save the new value, press the Datagrip trigger. The cursor returns to the alarm selection.

**WARNING:** The threshold pressure alarm limit should be set as close as possible to the sensed peak pressure without exceeding it.

If a breathing system leak or partial disconnection occurs when the threshold pressure alarm limit is set significantly lower than the peak pressure, continued positive pressure ventilation can produce a pressure fluctuation great enough to exceed the threshold (and thereby satisfy the alarm), yet not great enough to provide adequate ventilation.

To address the problem, the Advisory message THRESHOLD LOW appears on the central alarm display under the following conditions:

## Section 5 - Operation

### Breathing Pressure Monitoring

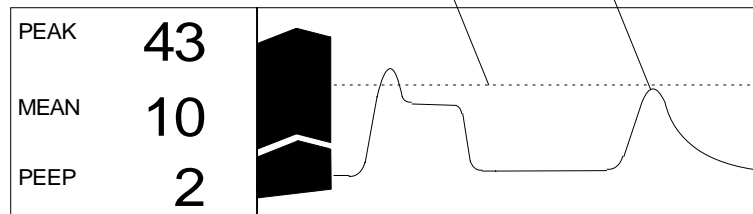
- If the sensed peak pressure exceeds the set threshold by more than 6 cmH<sub>2</sub>O at threshold pressure alarm limit settings of 5–20 cmH<sub>2</sub>O.
- If the sensed peak pressure exceeds the set threshold by more than 8 cmH<sub>2</sub>O at threshold pressure alarm limit settings of 21–29 cmH<sub>2</sub>O.

**NOTE:** The threshold setting may be affected when the ventilator is turned on or off. If you turn the ventilator off while the threshold is set to a value greater than 15 cmH<sub>2</sub>O, the setting is changed to 15 cmH<sub>2</sub>O. (If the threshold is set lower than 15 cmH<sub>2</sub>O when the ventilator is turned off, the threshold retains its setting.) When the ventilator is turned back on, the threshold is restored to its previous set value.

The figure below illustrates the effects of correct and incorrect settings of the threshold pressure alarm limit.

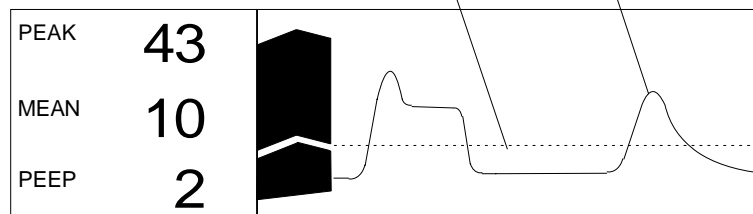
1. Threshold pressure alarm limit correctly set to within 6 cm H<sub>2</sub>O of peak pressure (for alarm limit settings of 5 through 20 cm H<sub>2</sub>O).

2. Thus, after partial breathing system disconnection or leak, small pressure fluctuation does not cross threshold pressure alarm limit. Operator is warned of apnea condition.



1. Threshold pressure alarm limit incorrectly set > 6 cm H<sub>2</sub>O below peak pressure.

2. Thus, after partial breathing system disconnection or leak, small pressure fluctuation in system satisfies incorrectly set threshold pressure alarm limit. Operator is not alerted of apnea condition.



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## Section 5 - Operation

### Breathing Pressure Monitoring

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#### Setting Apnea Alarm On/Off

To set the apnea alarm:

1. Invoke the Set Up screen.
2. Use the thumbwheel to position the cursor on the APNEA ALARM selection.
3. A second shaded cursor appears on the current setting.
4. Press the Datagrip trigger to toggle the alarm setting between ON and OFF until the desired setting appears. The factory default setting is STBY.

**NOTE:** If the ventilator is on, this alarm cannot be turned off. If the alarm is in STBY (standby), pressing the Datagrip trigger will turn the alarm on.

#### Setting Auto-Threshold

To set the auto-threshold:

1. Invoke the Set Up screen.

**NOTE:** Auto-threshold is also set by selecting PTHRES in the main display.

2. Use the thumbwheel to position the cursor on the AUTO-THRESHOLD selection. A box appears around the SET setting.
3. Press the Datagrip trigger.
4. The threshold pressure limit is automatically set to 4 cmH<sub>2</sub>O below the current peak pressure measurement (to a maximum of 30 cmH<sub>2</sub>O), or 5 cmH<sub>2</sub>O, whichever is greater.

#### Setting Pressure Trend Scale

To set the pressure trend scale:

1. Invoke the Set Up screen.
2. Use the thumbwheel to position the cursor on the PRESSURE SCALE selection. A box appears around the current scale setting.
3. Press the Datagrip trigger. The cursor moves to the current setting.
4. Rotate the thumbwheel up or down to scroll through the available pressure trend scales: 0–20, 0–50 or 0–100 cmH<sub>2</sub>O.
5. To save the new setting, press the Datagrip trigger. The cursor returns to the PRESSURE SCALE selection.

## Section 5 - Operation

### Breathing Pressure Monitoring

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#### Breathing Pressure Alarm Messages

The following list contains all warning, caution and advisory alarms associated with breathing pressure monitoring.

##### APNEA-PRESSURE (Warning/Caution)

##### **When the ventilator is on:**

If the measured breathing pressure remains below the threshold pressure alarm limit for more than 15 seconds, the Caution message APNEA-PRESSURE appears on the central alarm display and an intermittent audible alarm sounds.

If the breathing pressure remains below the threshold pressure for an additional 15 seconds (30 seconds total), the Caution message APNEA-PRESSURE is upgraded to a Warning on the central alarm display, and a continuously repeating audible alarm sounds. During the Warning condition, numeric data remains on the display as long as the monitor detects a peak pressure at least 10 cmH<sub>2</sub>O greater than PEEP pressure. When this pressure difference drops and remains below 10 cmH<sub>2</sub>O for more than 60 seconds, the numeric data is cleared.

##### **When the ventilator is off:**

The Caution condition does not occur until 30 seconds have elapsed; the Warning condition does not occur until 60 seconds have elapsed.

##### VENT PRESSURE HI (Warning)

If the measured breathing pressure exceeds the high pressure limit, the Warning message VENT PRESSURE HI appears on the central alarm display and a continuously repeating audible alarm sounds.

This alarm condition is cleared when the measured breathing pressure drops below the high pressure alarm limit. However, the alarm message is extended for 5 seconds to allow for a momentary high pressure condition.

##### SUB ATM PRESSURE (Warning)

If the measured breathing pressure falls below -10 cmH<sub>2</sub>O, the Warning message SUB ATM PRESSURE appears on the central alarm display and a continuously repeating audible alarm sounds.

This alarm condition is cleared when the sensed pressure rises above -10 cmH<sub>2</sub>O. However, the alarm message is extended for 5 seconds to allow the recognition of a momentary subatmospheric pressure condition.

##### CONTINUOUS PRES (Warning)

If the measured breathing pressure remains above the threshold pressure alarm limit for more than 15 seconds, the breathing pressure display area is cleared, the Warning message CONTINUOUS PRES appears on the central alarm display, and an intermittent audible alarm sounds.

When the measured breathing pressure drops below the threshold pressure alarm limit, alarm annunciation ceases.

## Section 5 - Operation

### Breathing Pressure Monitoring

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PEEP > 25 (Caution)	<p>Any time that the monitor measures a PEEP of 26 cmH<sub>2</sub>O or greater, the Caution message PEEP &gt; 25 appears on the central alarm display and an intermittent audible alarm sounds.</p> <p>Alarm annunciation ceases when the measured PEEP drops below 26 cmH<sub>2</sub>O. Also, an APNEA or CONTINUING PRESSURE alarm condition will clear this alarm condition.</p>
THRESHOLD LOW (Advisory)	<p>The Advisory message THRESHOLD LOW appears on the central alarm display any time the sensed peak pressure exceeds the threshold pressure alarm limit by more than 6 cmH<sub>2</sub>O at threshold pressure alarm limit settings of 5–20 cmH<sub>2</sub>O, or by more than 8 cmH<sub>2</sub>O at threshold pressure alarm limit settings of 21–29 cmH<sub>2</sub>O. Setting the threshold pressure alarm limit at 30 cmH<sub>2</sub>O disables the THRESHOLD LOW advisory.</p>
PEEP > 4 (Advisory)	<p>Any time the monitor measures a PEEP of 5 cmH<sub>2</sub>O or greater, the Advisory message PEEP &gt; 4 appears on the central alarm display.</p> <p>When the measured PEEP drops below 5 cmH<sub>2</sub>O, the Advisory message is cleared from the display.</p>
APNEA-P ALRM OFF (Advisory)	<p>Any time that the apnea pressure alarm (threshold pressure alarm limit) has been disabled, the Advisory message APNEA-P ALRM OFF appears on the central alarm display.</p>
APNEA-P ALM STBY (Advisory)	<p>Any time that the apnea pressure alarm (threshold pressure alarm limit) has been set to Standby, the Advisory message APNEA-P ALM STBY appears on the central alarm display.</p>
SERVICE PRES MON (Advisory)	<p>If the Narkomed 2C detects an internal electronic failure that would prevent proper operation, the Advisory message SERVICE PRES MON appears on the central alarm display. If this happens, contact a North American Dräger qualified technical service representative.</p>

## Section 5 - Operation

### Breathing Pressure Monitoring

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#### Problem Resolution

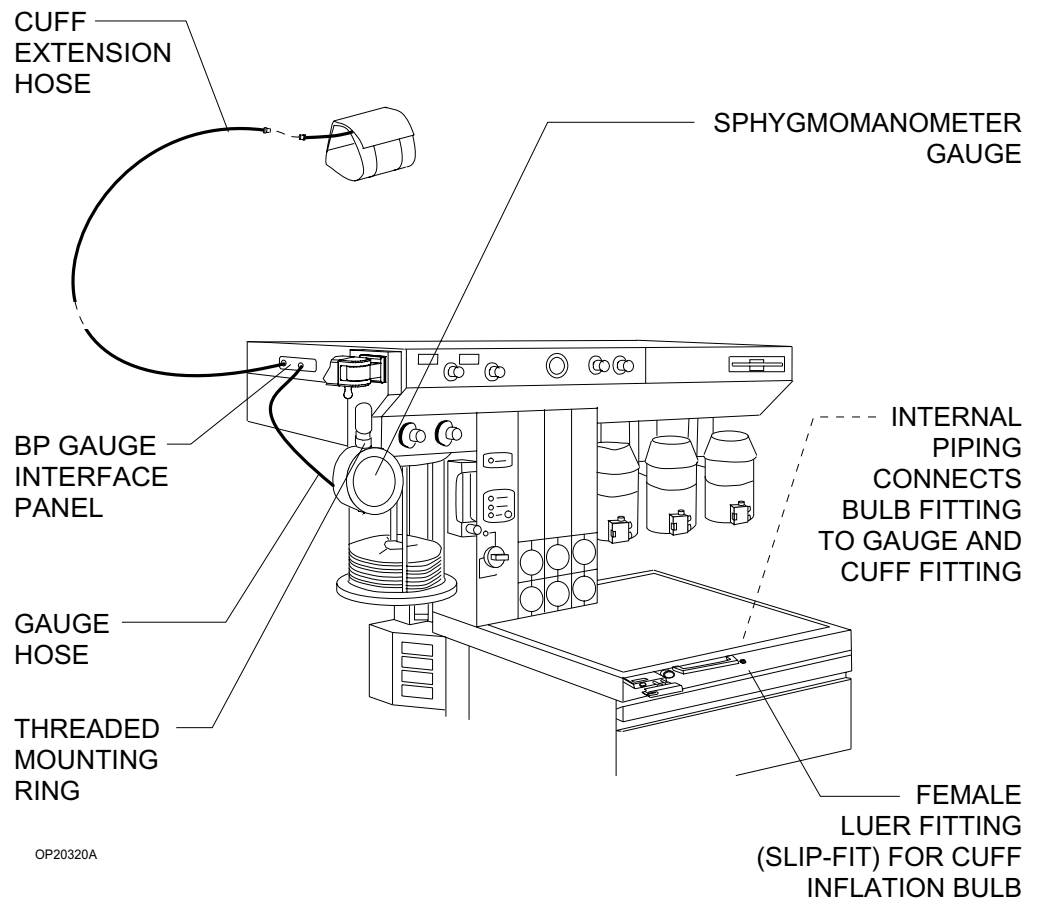
PROBLEM	POSSIBLE CAUSE	REMEDY
No pressure readout in display area during ventilation	Pilot line not connected	Make sure pilot line is properly connected.
	Pilot line blocked or kinked	Make sure that lumen of pilot line is free of obstructions.
Erratic readings	Condensation accumulation in pilot line	Drain and reconnect pilot line.

## Section 5 - Operation

### Manual Sphygmomanometer

#### Overview

An aneroid manual sphygmomanometer can be mounted on the Narkomed 2C. The sphygmomanometer gauge is positioned on the left side of the anesthesia machine, next to the ventilator bellows. The cuff inflation bulb is located to the right of the oxygen flush button on the front of the machine.



## Section 5 - Operation

### Manual Sphygmomanometer

#### Selecting a Blood Pressure Cuff

When preparing for a case that includes noninvasive blood pressure monitoring, be sure to choose the correct cuff size and to place the cuff correctly. Use the following table to select the appropriate cuff size. If you don't have a tape measure, use the INDEX and RANGE lines marked on the cuff as described in *Placing the Cuff*, below.

Cir. (cm)		3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	25	30	35	40	45	50	55	60	65	70
Disposable Cuff	Neonatal#10 3-6cm																												
	Neonatal#11 6-9.5cm																												
	Neonatal#12 8-12cm																												
	Neonatal#13 9-14cm																												
Nondisposable Cuff	Newborn 6-11cm																												
	Infant 10-19cm																												
	Pediatric 18-26cm																												
	Adult 25-35cm																												
	Large Adult 33-47cm																												
	Thigh 46-66cm																												

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#### Connecting the Cuff

To connect the cuff:

1. Connect the cuff hose (attached to the cuff) to the extension hose (with a threaded fitting on one end and a Luer lock fitting on the other end). Insert the Luer lock fitting on the cuff hose into the Luer lock fitting on the extension hose, and twist until they lock together.
2. Attach the other end of the extension hose to the fitting on the patient interface panel labeled BP CUFF. Hand-tighten the threaded hose fitting onto the threaded fitting of the interface panel.
3. Make sure that none of the hoses are pinched or kinked.

After connecting the manual sphygmomanometer, check the gauge's pressure indication. With zero pressure applied to the gauge and cuff, the gauge pointer should remain within the band marked on the face plate.

## Section 5 - Operation

### Manual Sphygmomanometer

#### Placing the Cuff

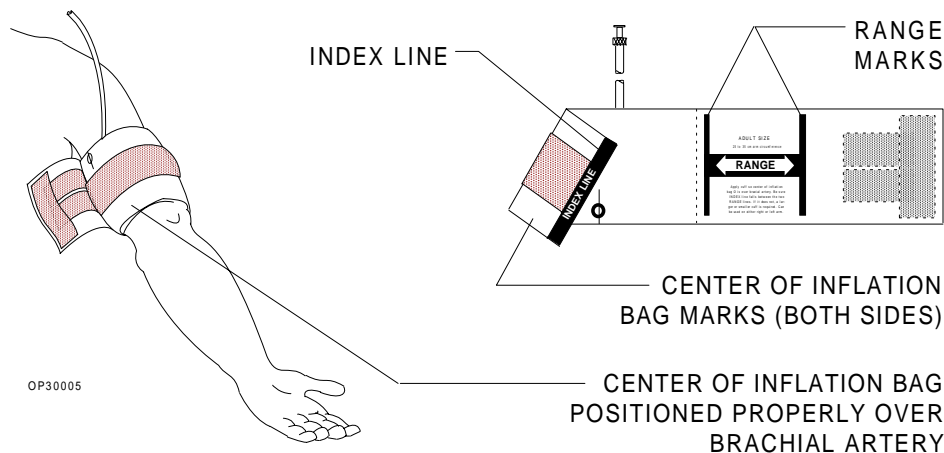
When fitting the cuff, place the center of the cuff inflation bag over the artery (for the brachial artery, place over the inside of the arm above the elbow). Make sure that the cuff fits securely on the limb and that the INDEX line falls between the two RANGE lines. If the INDEX line does not fall between the RANGE lines, select a smaller or larger cuff.

The cuff can be used on either the right or left extremity, but the left is usually preferred.

**NOTE:** Do not place the cuff on a limb being used for infusion.

For accurate blood pressure measurements, position the cuff at the same level as the patient's heart. Placing the cuff above the heart causes the reading to be falsely low; placing the cuff below the heart causes the reading to be falsely high. In instances where you cannot place the cuff at the same level as the heart, use the following general rule.

- For every inch of elevation above the heart, add 1.8 mmHg to the reading.
- For every inch of elevation below the heart, subtract 1.8 mmHg from the reading.



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## Section 5 - Operation

### O.R. Data Manager

#### Overview

The O.R. Data Manager is an electronic data management information storage/retrieval system. It creates an electronic patient record from the information automatically recorded by the monitoring system, and from information that is entered through the keyboard and the Datagrip, such as patient/case data, events, drugs and other case-related information. A record of the information may be printed using the optional printer.

The O.R. Data Manager consists of a central processor unit with an integral floppy disk drive, a keyboard with function keys for data entry and editing, and a display with Datagrip shared with the Narkomed 2C for conveniently viewing the information. The O.R. Data Manager enhances the Narkomed 2C by providing it with a means of recording patient information, drug administration, events and other case-related information.

#### Floppy Disk or Network System

The O.R. Data Manager can be configured to record information to a floppy disk or to a network drive disk. A network disk can store multiple cases, whereas a floppy disk can store only one case. Both floppy disks and network disks can store multiple drug and event templates for convenient future retrieval. The O.R. Data Manager must be configured as either a floppy disk or a network-based system by a North American Dräger qualified technical service representative.

An O.R. Data Manager configured for a network senses whether the network is up or down at the start of a case and switches to a floppy system if the network is down. Likewise, if the network connection is lost during a case, the O.R. Data Manager reverts to a floppy system automatically.

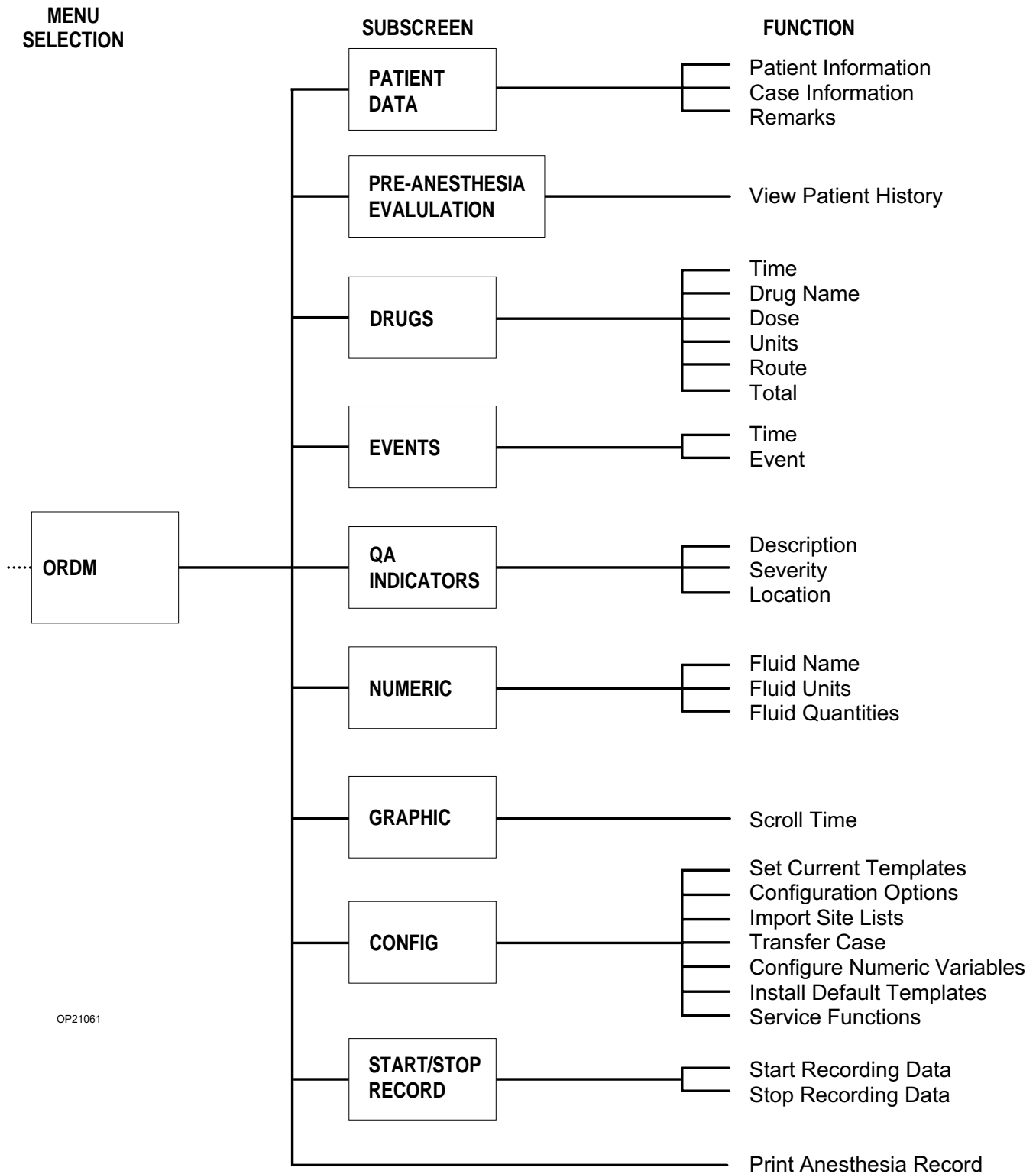
#### Information That Can Be Recorded and Viewed

The O.R. Data Manager allows you to enter, edit and view such information as —

- patient/case information
- drug administration by name, amount and time
- events that occur during the case
- graphical displays and numerical information based on data received from the monitoring system
- CO<sub>2</sub> waveform and gas analysis
- graphical history of the recorded information

## Section 5 - Operation

### O.R. Data Manager



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## Section 5 - Operation O.R. Data Manager

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This information is automatically stored electronically on a floppy disk or on a network disk, providing a means of accessing the information later. All data is recorded in a format compatible with North American Dräger's offline software programs PC Prep/View, Import/Query™, Drug Utilization™, O.R. Utilization™ and Quality Assurance™.

### Central Processing Unit with Floppy Disk Drive and Network Interface

The central processing unit (CPU) for the O.R. Data Manager is an integral part of the Narkomed 2C. It is a small, self-contained computer that processes data received from the anesthesia machine and data entered through the keyboard and the Datagrip.

Accessible from the front, is a 3.5" (1.44 megabyte) floppy disk drive. If the O.R. Data Manager is configured for a floppy disk, data is automatically written to the floppy disk inserted in this drive. If the O.R. Data Manager is configured for a network, data is automatically written to the network disk. If the network is down, however, the O.R. Data Manager will automatically revert to the floppy disk.

The light on the front of the disk drive comes on whenever the drive is reading or writing information.

**CAUTION:** To avoid losing data, never remove the floppy disk from the O.R. Data Manager when the disk drive light is on or while an anesthesia record is being printed.

The O.R. Data Manager subassembly also includes a hard drive. This drive is used by the O.R. Data Manager for storing its programs, site lists, and other data that needs to be retained from case to case. The hard drive also provides redundant storage for cases; all cases recorded on the O. R. Data Manager are saved to the hard drive as well as to the floppy or network, and the last hundred cases are always present on the hard drive. Cases can be accessed from the hard drive by using the O.R. Data Manager Transfer Case function.

### Keyboard

The keyboard is an integral part of the Narkomed 2C anesthesia system. Use the keyboard to enter and edit patient data, drug, flows, fluids and event information into the patient record, or to switch between the Narkomed 2C screens and any of the various O.R. Data Manager screens for viewing on the display screen.

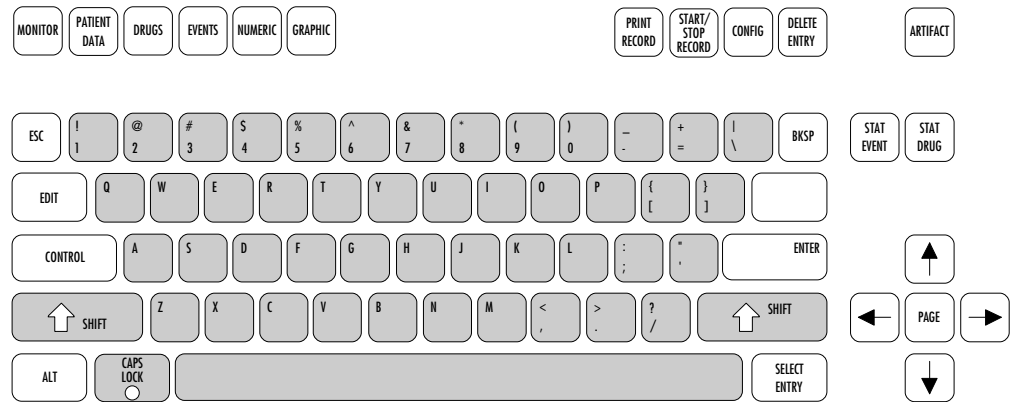
## Section 5 - Operation

### O.R. Data Manager

#### Standard Keys

The alphanumeric keys on the keyboard are used for data entry.

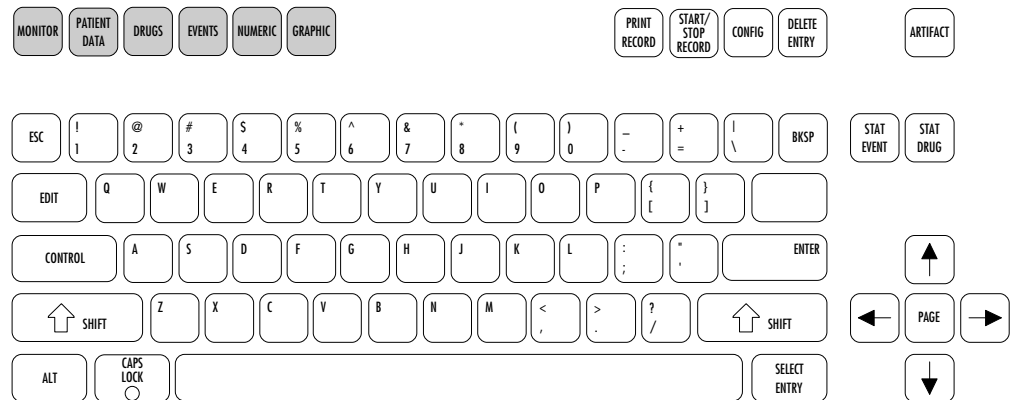
The SHIFT keys switches the letter keys and symbol keys from lower case to upper case mode. The CAPS LOCK key locks the A through Z keys in the upper case mode. It cannot, however, be used to type the symbols that appear on the upper portion of the key. A light on the CAPS LOCK key will come on when it is locked in position. Press the key a second time to release the function; the light will go out.



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#### Screen Keys

The keys on the upper left of the keyboard invoke display screens that are used to view and enter various aspects of the patient record.

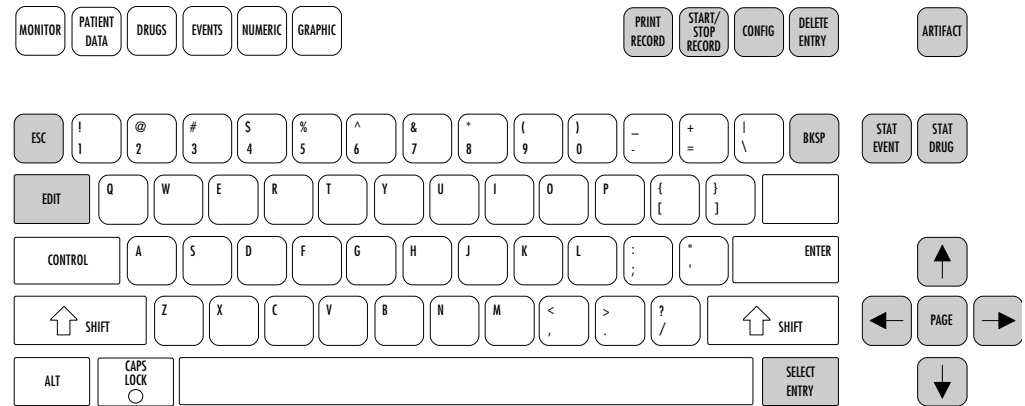


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## Section 5 - Operation O.R. Data Manager

### Function Keys

The keys at the right side of the keyboard perform specific O.R. Data Manager functions. Some of these keys perform slightly different functions depending on the screen in which they are used. Where applicable, the function keys are discussed in detail throughout this section.



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### Display Screen

The display screen is the focal point for observing all information. Graphical and numeric data, entered events, administered drugs, carbon dioxide waveform, and alarms all appear on the display screen. The screen is mounted to an adjustable display arm so that it can be positioned in the vicinity of the patient.

### Datagrip

The Datagrip input device is attached to the side of the display screen. The thumbwheel is used to move the cursor on the screen. The trigger is used to select parameters and enter data.

### Screens

The following screens can be invoked by pressing the corresponding key on the keyboard or by selecting them from a screen menu using the Datagrip:

- Narkomed 2C Monitor Screens (MONITOR)
- Patient Data (PATIENT DATA)
- Pre-Anesthesia Evaluation
- Drug Administration (DRUGS)
- O.R. Event Record (EVENTS)

## Section 5 - Operation

### O.R. Data Manager

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- Numeric Data (NUMERIC)
- Graphic History (GRAPHIC)
- QA Indicators
- Print Record (PRINT RECORD)
- System Configuration (CONFIG)

#### Handling Floppy Disks

Floppy disks are a durable and reliable means of electronic data storage. However, certain precautions must be taken to ensure that the disk is not damaged or the data corrupted during use or storage.

- Always keep disks away from dust and dirt. Small particles of dust or dirt may scratch the magnetic surface and destroy data.
- Always keep disks away from magnetic fields.
- Always store disks in a moderate environment (such as normal room temperature and humidity).
- Never touch the disk's magnetic surface.
- Always store disks in a diskette container when not in use.
- Never wipe, brush or try to clean the magnetic surface in any way.
- Be sure to label all disks for proper identification.
- Do not use an eraser on a label affixed to a disk.
- Remove the disk before unplugging the O.R. Data Manager.

#### Preparing the Floppy Disk for Use

A separate disk must be used for each patient case file. Insert a preformatted disk into the disk drive at the beginning of the case.

All disks must be formatted before they can be used. Disks purchased from North American Dräger have been preformatted.

**NOTE:** If the disk is not formatted, it may be formatted in any PC/MS-DOS compatible computer with a 3.5 inch, 1.44 megabyte disk drive. Refer to your computer's PC/MS-DOS manual for instructions on how to format a disk.

## Section 5 - Operation

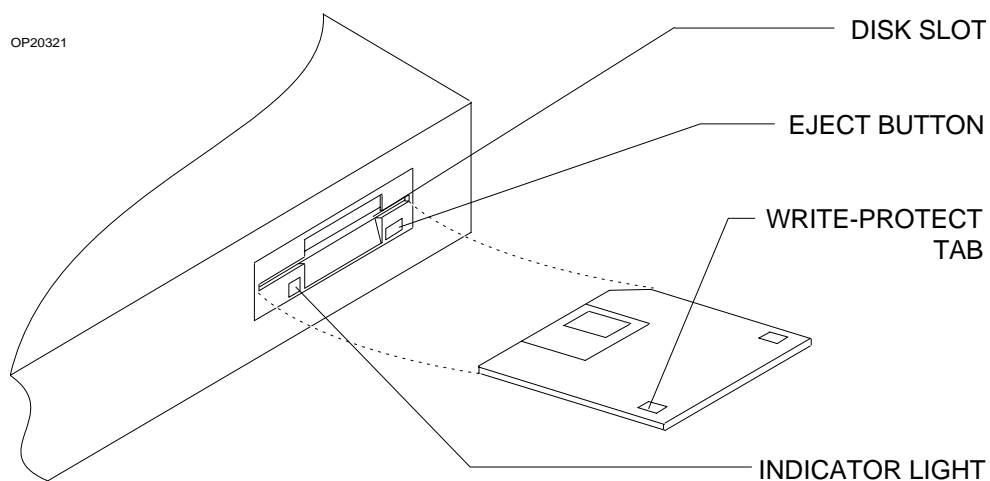
### O.R. Data Manager

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Inserting/  
Removing the  
Disk into the  
Floppy Drive

To insert the floppy disk into the disk drive:

- 1) Make sure the disk drive is empty by pressing the eject button on the disk drive .
- 2) Hold the disk so that the metal media cover is facing toward the disk slot and the round metal hub is facing toward the eject button and indicator light.
- 3) Insert the disk into the drive and make sure it locks into place.



To remove the floppy disk from the disk drive:

- 1) Press the eject button on the drive. The floppy disk will partially self-eject from the drive.
- 2) Take the floppy disk out of the drive.

**NOTE:** To make sure that the data on the disk is not overwritten, place the write-protect shutter to the protect position (window is **open**).

## Section 5 - Operation

### O.R. Data Manager

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<b>General Operation</b>	The following subsections provide general operating instructions for the O.R. Data Manager and also explain operations that are common to most of the display screens. For specific information on a particular screen, refer to that screen's instructions.
Selecting a Screen	<p>To select a screen for entering or viewing information, press one of the Screen keys along the top of the keyboard:</p> <p>MONITOR — Invokes the Monitor screen</p> <p>PATIENT DATA — Invokes the Patient Data screen</p> <p>DRUGS — Invokes the Drug Administration screen</p> <p>EVENTS — Invokes the O.R. Event Record screen</p> <p>NUMERIC — Invokes the Numeric Data screen</p> <p>GRAPHIC — Invokes the Graphic History screen</p> <p>PRINT RECORD — Invokes the Print Record screen</p> <p>CONFIG — Invokes the System Configuration menu screen.</p> <p>The QA INDICATORS screen is invoked by pressing ALT - Q.</p> <p>The PRE-ANESTHESIA EVALUATION screen is invoked by pressing ALT - E.</p> <p>You can also select a screen by using the Datagrip to invoke the O.R. Data Manager Screen Menu (described later). You can invoke the screen menu in the Monitor screen by pressing the Datagrip trigger. For information on how to invoke the screen menu from the O.R. Data Manager screens, see the specific operating instructions for each screen.</p>



## Section 5 - Operation O.R. Data Manager

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### Moving the Cursor

You can move the cursor (shown as a highlighted or reverse-color box) to any cell on the screen that accepts information from the keyboard.

- Press the arrow keys (→, ←, ↑, and ↓) to move the cursor from cell to cell.
- You can also move the cursor by turning the Datagrip thumbwheel. In the Drug Administration, O.R. Event Record, QA Indicators and Numeric Data screens, the direction of cursor movement is defined by a direction indicator displayed on the screen. The ↔ indicator means you can move the cursor left and right, while the ↑↓ indicator means you can move the cursor up and down. To switch between horizontal and vertical movement, position the cursor on the direction indicator, and press the Datagrip trigger. When in the vertical movement mode (↑↓), the entire line is highlighted for readability.
- When there are multiple screens of data, hold down the PAGE key and press the →, ←, ↑, and ↓ keys to see information on previous or subsequent screens.

## Section 5 - Operation

### O.R. Data Manager

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#### Entering Data

To enter data into O.R. Data Manager, you must first select a screen. Data can be entered in the Patient Data, Drug Administration, QA Indicators, O.R. Event, Numeric, and System Configuration screens. To enter information in a cell, move the cursor to the desired cell using the arrow keys or the Datagrip thumbwheel; then enter the data using the alphanumeric keys, the Datagrip trigger, or the SELECT ENTRY key. (For more information on the use of the Datagrip trigger or the SELECT ENTRY key, refer to the operating instructions for each screen.)

When viewing any screen, you can press the ARTIFACT key to make a *note* on the O.R. Event and Graphic History screens to indicate that an invalid reading occurred. This action reserves an entry on the O.R. Event screen at the time you pressed the key, and automatically enters ARTIFACT in the name column. Later, you can edit the O.R. Event screen to describe what occurred and adjust the time. On the Graphic History screen, the letter A appears at the time of the occurrence.

Similarly, you can press the STAT DRUG key at any time to make a *note* on the Drug Administration screen that a drug was administered at that time. This action reserves an entry on the Drug Administration screen at the time the you pressed the key, and automatically enters STAT DRUG in the name column. You can edit the Drug Administration screen later to enter the actual drug name and dose.

Likewise, you can press the STAT EVENT key at any time to make a *note* on the O.R. Event screen to indicate that an event took place. This reserves an entry on the O.R. Event screen at the time you pressed the key, and automatically enters STAT EVENT in the name column. You can edit the O.R. Event screen later to describe the event.

#### Editing Data

You can edit any screen that can receive information from the keyboard.

- Use the BKSP key to delete the last character typed.
- If you have not pressed the ENTER key, you can press the ESC key to clear newly entered data from a cell and restore the previous entry, if any.
- To complete an entry and advance the cursor to the next cell, type the desired data and press the ENTER key or the →, ←, ↑ or ↓ keys.

## Section 5 - Operation

### O.R. Data Manager

#### Edit Mode

The O.R. Data Manager has an edit mode that allows you to edit characters in a selected cell. The edit mode can be invoked in the following screens: Patient Data, Drug Administration, O.R. Event Record, Numeric, and Configuration Options.

To invoke the edit mode, highlight a cell you want to edit using the →, ←, ↑ or ↓ keys or the Datagrip thumbwheel, and press the EDIT key. The Edit Mode window will appear. (Patient Data screen illustrated)

PATIENT DATA Page 1

Last Name : Jackson	First: James	MI: A
ID : 123-45-6789	Sex:	
Insurance : PRIVATE		
DOB (m/d/y): 07/13/1951	Age Yrs: 43	Mos: 1

EDIT MODE [ First ]

James

Key legend:

-> : Move cursor to right	SELECT ENTRY: Toggle insert/typeover mode
PAGE -> : Move cursor to end of cell	
<- : Move cursor to left	PAGE <- : Move cursor to start of cell
ESC : Exit edit without save	DELETE ENTRY: Delete char. at cursor
ENTER: Exit edit with save	BKSP : Delete char. to left of cursor

The Edit Mode window displays the selected cell along with editing instructions.

- Use the ← and → keys to position the cursor at the character you want to change.
- Hold down the PAGE key and press the ← or → keys to position the cursor at the beginning or end of the line.
- Use the DELETE ENTRY or BKSP keys to delete characters.
- Use the SELECT ENTRY key to toggle between INSERT and TYPEOVER modes.

Press the ENTER key to save your changes and exit Edit Mode. Press the ESC key to exit Edit Mode without saving the changes.

## Section 5 - Operation

### O.R. Data Manager

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#### Pop-up Menus

Pop-up menus appear in response to pressing the SELECT ENTRY key to provide a list of choices for entries in the Patient Data, Drug Administration, O.R. Event Record, Numeric Data, QA Indicators, and System Configuration screens (described later).

All of the pop-up menus will time out after 45 seconds has elapsed without a keystroke. No data is entered on a timeout.

Pop-up menus have two possible display formats: Single Entry and Pick List. In the Single Entry format, only one item can be selected from a displayed list. In the Pick List format, multiple items can be selected.

A menu selection mode option allows you to set the desired display format for the pop-up menus (refer to the subsections beginning with **System Configuration Screen**). If Single Entry is chosen, all pop-up menus will appear in the Single Entry format.

#### Single Entry Format

PATIENT DATA Page 1	
Select Category:	CPT Copyright 1995 American Medical Asc.
<ul style="list-style-type: none"><li>a. Head</li><li>b. Neck</li><li>c. Thorax (chest wall and Shoulder Girdle)</li><li>d. Intrathoracic</li><li>e. Spine and Spinal Cord</li><li>f. Upper Abdomen</li><li>g. Lower Abdomen</li><li>h. Perineum</li><li>i. Pelvis (except hip)</li><li>j. Upper Leg (except knee)</li><li>k. Knee and Popliteal area</li><li>l. Lower Leg (Below knee)</li><li>m. Shoulder and Axilla</li></ul>	
PG DWN PG UP SEARCH ESCAPE	

## Section 5 - Operation O.R. Data Manager

### Pick List Format

If Pick List is chosen, pop-up menus for items that may have multiple selections will appear in the Pick List format. Items that allow multiple selections include procedure descriptions/codes and staff names on the Patient Data screen, drug names on the Drug Administration screen, event descriptions on the O.R. Event Record screen, and numeric item names on the Numeric Data screen. All pop-up menus for items that can only ever have one choice (e.g. anesthesia type, current drug template name) will appear in single entry format even if the pick list option is chosen. The pop-up menus in this manual are shown in the format in which they appear when pick list mode is chosen.

PATIENT DATA Page 1		
Use Spacebar to Select Procedure(s): CPT Copyright 1995 American Medical Asc.		
a. [X]	00100 ANESTH, SKIN SURGERY	0.0
b. [X]	00102 ANESTH, REPAIR OF CLEFT LIP	0.0
c. [ ]	00103 ANESTH, BLEPHAROPLASTY	0.0
d. [ ]	00104 ANESTH FOR ELECTROSHOCK	0.0
e. [ ]	00120 ANESTHESIA FOR EAR SURGERY	0.0
f. [ ]	00124 ANESTHESIA FOR EAR EXAM	0.0
g. [ ]	00126 ANESTH, TYMPANOTOMY	0.0
h. [ ]	00140 ANESTH, PROCEDURES ON EYE	0.0
i. [ ]	00142 ANESTHESIA FOR LENS SURGERY	0.0
j. [ ]	00144 ANESTH, CORNEAL TRANSPLANT	0.0
Anesthesia for procedures on integumentary system of head and/or salivary glands, including biopsy; plastic repair of cleft lip		
ENTER	PG DWN PG UP SEARCH CLEAR ESCAPE	2 tagged

Single Entry format is the default mode.

## Section 5 - Operation

### O.R. Data Manager

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#### Menu Buttons

Buttons are displayed at the bottom of each pop-up menu. Only the relevant buttons are displayed; for example, PG UP and PG DWN do not appear on a single screen menu. To select a menu button, move the cursor to it with the arrow keys or the Datagrip thumbwheel, and press the ENTER key, the SELECT ENTRY key or the Datagrip trigger.

The buttons and their functions are:

- ENTER returns all selected entries to the main screen. This button is active only in the Pick List format. The ENTER key also performs this function.
- PG DWN moves down one page in the list. This button is only active for multiscreen lists. The PAGE+↓ key combination also performs this function.
- PG UP moves up one page in the list. This button is only active for multiscreen lists. The PAGE+↑ key combination also performs this function.
- SEARCH enters the search mode. This is an interactive search that moves through the list in response to what the user types. For example, if the user types "p", the cursor moves to the first item in the list beginning with "p"; if the user types "pan", the cursor moves to the first item beginning with "pan", etc. The backspace key is active; case and leading spaces are ignored. Exit the search mode by pressing the ENTER key, the ESC key, any arrow key, PAGE+↑, PAGE+↓, the SPACEBAR, moving the Datagrip thumbwheel or pressing the Datagrip trigger.

Exiting the search mode with a SPACEBAR or the Datagrip trigger in Pick List format selects the cursored item. Exiting the search mode with the Datagrip trigger in single entry mode also selects the cursored item. All other exit keys only position the cursor. The SEARCH button is always active. The ALT-S key combination also performs this function.

- CLEAR clears all selected entries in the list. This button is only active in the Pick List format. The ALT-C key combination also performs this function.

## Section 5 - Operation O.R. Data Manager

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**ESCAPE** exits the menu without selecting anything. This button is always active. The ESC key also performs this function.

**DICT** From the Drug Administration or Numeric Data main screen, brings up the Drug Dictionary in a pop-up menu. From the O.R. Event Record screen, brings up a concatenation of all the items from all the Event submenus in a pop-up menu. This button is only active when selecting drug names from the Drug Administration screen, numeric entry names from the Numeric Data screen, or events from the O.R. Event Record screen. The ALT-D key combination also performs this function.

**NOTE:** If any menu selections were made before choosing the DICT function, those entries will be deselected.

A "tagged" field appears to the right of the buttons in the Pick List format. This field displays the number of items currently selected from the displayed list.

### Alternate Search Method

An alternate search method is available if there are no key letters displayed in a pop-up menu. If there are no key letters, typing a letter or number automatically enters search mode with the typed letter or number as the first character in the search string.

### Selecting Items in Single Entry Format

There are two methods by which to select a pop-up menu item in the Single Entry format:

1. Move the cursor to the desired item using the arrow keys or the Datagrip thumbwheel, and press the ENTER key or the Datagrip trigger.
2. Type the key letter that appears in front of the item. The corresponding menu item is immediately selected and the user is returned to the main screen.

This method works only if there are not more than 34 entries in the menu. (Key letters are 'a' through 'z' excluding 'x' and 'y', and '0' through '9'.)

## Section 5 - Operation

### O.R. Data Manager

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#### Selecting Items in Pick List Format

Since the Pick List format allows for multiple selections from a menu, a check box [ ] appears in front of each item. The check box contains an x when an item is selected, and is empty if the item is not selected.

There are several methods by which to select pop-up menu items in the Pick List format:

1. Move the cursor to the desired item using the arrow keys or the Datagrip thumbwheel, and press the spacebar or the SELECT ENTRY key.
2. Move the cursor to the desired item using the arrow keys or the Datagrip thumbwheel, and press the Datagrip trigger.
3. Type the key letter that appears in front of the item. (Key letters will not appear if there are more than 34 items in a list.)

Repeat the process for each item to be selected.

If you wish to deselect an item, move the cursor to that item and press the spacebar, the SELECT ENTRY key or the Datagrip trigger, or press the key letter (if present).

To enter all of the selections that were made, press the ENTER key or move the cursor to the ENTER button and press the Datagrip trigger. This will also exit the pop-up menu.

To exit without processing the selections, press the ESC key or move the cursor to the ESCAPE button and press the Datagrip trigger.



## Section 5 - Operation O.R. Data Manager

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### Using the O.R. Data Manager

The procedures for starting a case with a network-based O.R. Data Manager or with a floppy disk-based O.R. Data Manager are very similar, but for ease of reference, they are described in two separate sections below.

### Starting a Case with a Floppy Disk-Based O.R. Data Manager

Following power-up diagnostics, the Narkomed 2C displays either the Machine Monitor screen (if a third-party device is connected to the Narkomed 2C or if no external monitors are connected), or the System Monitor screen (if a Vitalert monitor is connected). Assuming that the advisory window is not full, an advisory stating that the O.R. Data Manager is not recording is posted in the Advisory window (ORDM NOT REC).

You can initiate the recording of data in two ways:

- Press the START/STOP RECORD key on the keyboard, or
- Use the Datagrip to select the START RECORD option from the O.R. Data Manager screen menu as follows:
  1. Using the thumbwheel, highlight the ORDM soft key in the screen selection menu, and press the trigger. A menu of O.R. Data Manager options appears.
  2. Using the thumbwheel, highlight the START RECORD option, and press the trigger.

You will then be prompted to insert a case disk.

Insert the formatted floppy disk for the case into the disk drive. A new disk should be inserted for each new case. If you do not insert a disk, you will be given the option to continue without a disk.

All Narkomed 2C trend and log information is cleared at the start of the case.

If there is a communication error between the O.R. Data Manager and the Narkomed 2C during the recording of a case, the Advisory ORDM COMM ERROR appears in the Advisory window.

### Using a Preconfigured Disk

The O.R. Data Manager allows the use of a disk that had been configured before the start of the case. Preconfigured case data includes Patient Data and Drug and Event Template information.

## Section 5 - Operation

### O.R. Data Manager

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After you insert a disk that contains preconfigured data, you are prompted for patient identification information:

Please enter patient name and/or ID.		
Patient Last Name :	<input type="text"/>	First:                      MI:
Patient ID :	<input type="text"/>	
Drug Template Name :	<input type="text"/>	Event Template Name:
START CASE		ESCAPE

Entering Data  
from a  
Preconfigured  
Floppy Disk

Press the SELECT ENTRY key or the Datagrip trigger. The O.R. Data Manager will display the patient identification information for the pre-configured data contained on the floppy disk. The floppy disk may contain one Patient Data file and multiple drug and event template files.

Choose Patient:		
a. Dawson,	Tim	222-11-3333-43
SEARCH    ESCAPE		

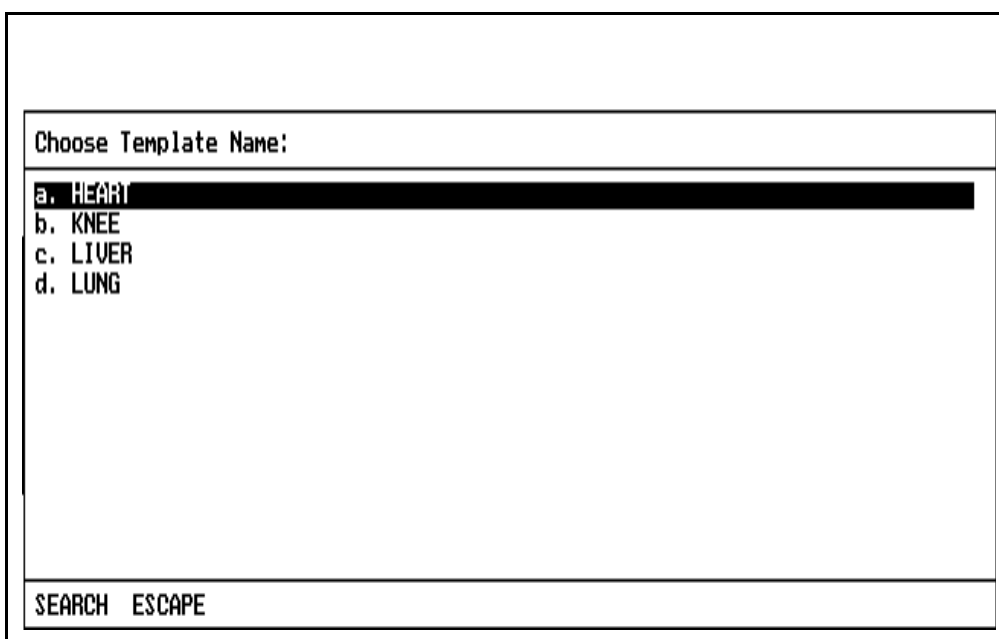
## Section 5 - Operation

### O.R. Data Manager

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- To load the displayed patient data, use the procedures specified under **Pop-up Menus**.
- If you do not want to load the patient data, press the ESC key or move the cursor to the ESCAPE button and press the Datagrip trigger.

The patient data information is inserted in the appropriate cells, and the cursor is positioned at the Drug Template Name cell. Press the SELECT ENTRY key or the Datagrip trigger. The O.R. Data Manager will display the drug templates that are found on the floppy disk.



Choose Template Name:

- a. HEART
- b. KNEE
- c. LIVER
- d. LUNG

SEARCH ESCAPE

Select the template using the procedures specified under **Pop-up Menus**.

The cursor will move to the Event Template Name cell, allowing you to select the event template from the floppy disk in the same way as the drug template.

**NOTE:** If you select a drug template, and there is an event template with the same name found on the disk (and vice versa), that template name will be automatically inserted in the template name cell if the template name cell is blank.

## Section 5 - Operation

### O.R. Data Manager

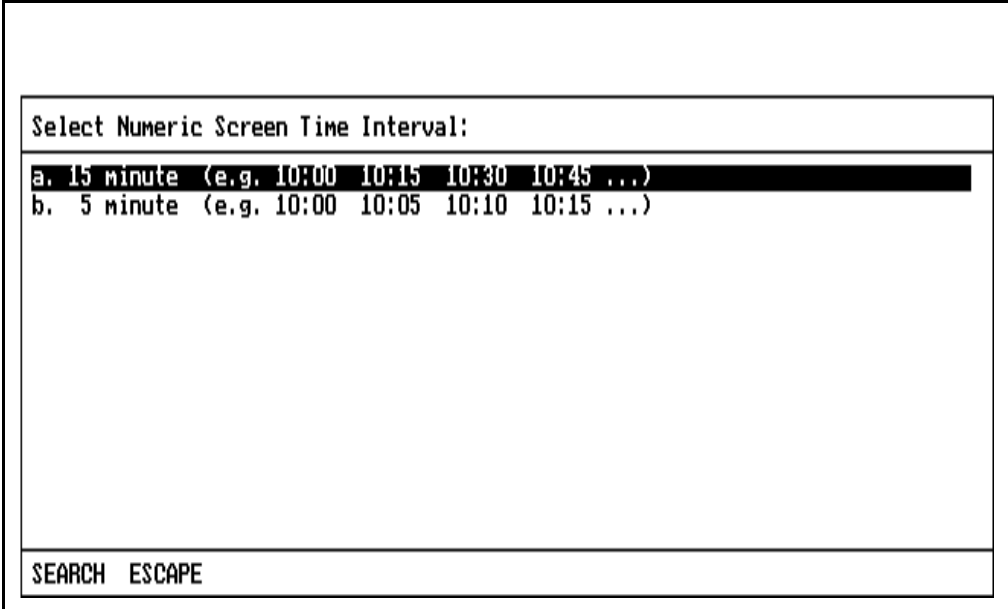
---

You may also type in template names from the keyboard or you may leave those fields blank. The only information that you **must** enter in order to begin a case is the Patient Last Name or the Patient ID.

Once all the desired information is entered, position the cursor on START CASE, and press the ENTER key or the Datagrip trigger.

If the Numeric Screen Time Interval has been configured to 'query each case' (see **System Configuration**), the following screen appears. This screen allows you to set the time interval for data to be posted in the numeric screen and on the anesthesia record. You can choose either 5 or 15 minute intervals. The 5 minute interval is recommended for shorter cases (less than 2-3 hours), and the 15 minute interval is recommended for longer cases.

(If the system was configured for a specific time interval, this screen will not appear.)



Select Numeric Screen Time Interval:

a. 15 minute (e.g. 10:00 10:15 10:30 10:45 ...)

b. 5 minute (e.g. 10:00 10:05 10:10 10:15 ...)

SEARCH ESCAPE

- Select the time interval using the procedures specified under **Pop-up Menus**.
- If you want to exit this screen, select the ESCAPE button or press the ESC key. The numeric screen resolution will default to 15 minutes.

The case is now started and the Monitor screen appears.

## Section 5 - Operation O.R. Data Manager

### Entering Data from the Keyboard

Instead of selecting patient information from a pop-up screen menu, you can also type in the information directly from the keyboard. When the patient information prompt initially appears after you insert your disk, do the following:

1. Enter at least the Patient Last Name or Patient ID.
2. Use the arrow keys or the Datagrip thumbwheel to position the cursor on START CASE.
3. Press the ENTER key or the Datagrip trigger.

The patient information you typed is compared to the preconfigured data on the floppy disk. If they are different, you will be prompted to choose which patient case you want:

Choose Patient:		
a. Jackson,	James	123-45-6789
b. Dawson,	Tin	222-11-3333-43
c. New Case		
SEARCH   ESCAPE		

To choose the case, use the procedures specified under **Pop-up Menus**.

If you choose NEW CASE, the patient identification prompt will be displayed again to allow you to enter the new patient data. Choosing the ESCAPE button on the pop-up menu returns you to the patient identification prompt.

## Section 5 - Operation

### O.R. Data Manager

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**NOTE:** If you do not want to use the preconfigured data on the floppy disk, be sure to remove the disk and insert a blank one before you start the new case. Otherwise the information on the disk will be erased.

After you make your selection, you may be prompted for the numeric screen time interval, depending upon system configuration settings as explained earlier. (If the system was configured for a specific time interval, the numeric time interval selection screen will not appear.) If the screen appears, select the time interval using the procedures specified under **Pop-up Menus**.

The case is then started and the Monitor screen appears.

Using a Disk With  
No Preconfigured  
Data

It is not necessary to use a preconfigured disk for a case. A disk with no preconfigured data may or may not contain old case data; the procedure for using either type of disk is provided below.

Disk with No  
Prior Case  
Data

When the disk is inserted, it is checked for existing case data. If no case is found on the disk, you will be prompted for patient identification information:

Please enter patient name and/or ID.			
Patient Last Name :	<input type="text"/>	First:	MI:
Patient ID :	<input type="text"/>		
Drug Template Name :	<input type="text"/>	Event Template Name:	<input type="text"/>
START CASE		ESCAPE	

- To begin recording, you must enter at least the Patient Last Name or Patient ID, and then position the cursor on START CASE and press the ENTER key or the Datagrip trigger.

## Section 5 - Operation

### O.R. Data Manager

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- If you do not want to start the case, press the ESC key, or position the cursor on ESCAPE and press the ENTER key or the Datagrip trigger.

After you enter the patient identification information, you may be prompted to select the numeric screen time interval.

If the Numeric Screen Time Interval has been configured to 'query each case' (see **System Configuration**), the following screen appears. This screen allows you to set the time interval for data to be posted in the numeric screen and on the anesthesia record. You can choose either 5 or 15 minute intervals. The 5 minute interval is recommended for shorter cases (less than 2-3 hours), and the 15 minute interval is recommended for longer cases.

(If the system was configured for a specific time interval, this screen will not appear.)

Select Numeric Screen Time Interval:

a. 15 minute (e.g. 10:00 10:15 10:30 10:45 ...)

b. 5 minute (e.g. 10:00 10:05 10:10 10:15 ...)

SEARCH ESCAPE

- Select the time interval using the procedures specified under **Pop-up Menus**.
- If you want to exit this screen, select the ESCAPE button or press the ESC key. The numeric screen resolution will default to 15 minutes.

The case is now started and the Monitor screen appears.

## Section 5 - Operation

### O.R. Data Manager

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Disk with Prior  
Case Data

If the inserted disk contains old case data, the following prompt to clear case data appears on the screen:

There is an existing case on the disk

OK to clear the previous case from disk ? (Y/N) **N**

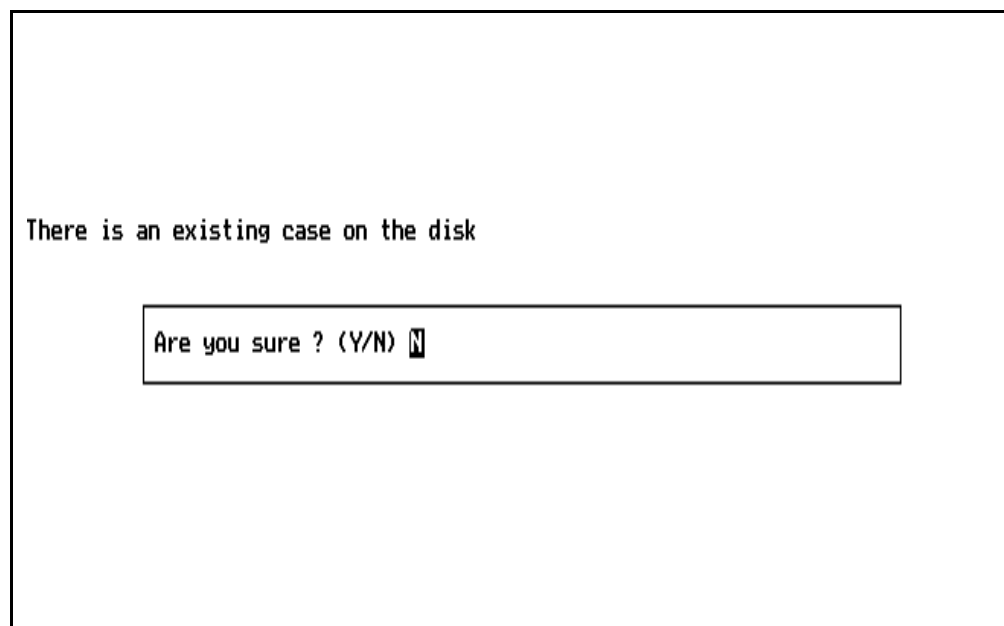
- If you want to clear all case data contained on the floppy disk, press the Y key, or rotate the thumbwheel to display Y and press the Datagrip trigger.
- If you do not want to clear existing case data, press N or any key other than Y, or rotate the thumbwheel to display N and press the Datagrip trigger. You will then have to remove or replace the disk.



## Section 5 - Operation O.R. Data Manager

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If you specify Y, a second prompt appears to confirm your choice:



The screenshot shows a monochrome display with a rectangular border. Inside the border, the text "There is an existing case on the disk" is displayed in a monospaced font. Below this text is a smaller rectangular box containing the prompt "Are you sure ? (Y/N) N". The "N" is highlighted, indicating it is the current selection.

- If you want to clear case data from the disk, press the Y key, or rotate the thumbwheel to display Y and press the Datagrip trigger.
- If you do not want to clear case data from the disk, press N or any key other than Y, or rotate the thumbwheel to display N and press the Datagrip trigger. You will then have to remove or replace the disk.

If you do not respond within 30 seconds, the case data is not cleared and the prompt is removed from the screen. If you respond with a Y to the confirmation prompt, the program will clear case data.

When the disk is cleared, you are prompted for patient identification information. To start the case, you must enter at least the Patient Last Name or Patient ID, and then position the cursor on START CASE and press the ENTER key or the Datagrip trigger.

Depending upon the Numeric Screen Time Interval configuration option chosen (see **System Configuration**), you may be asked to select the numeric screen time interval. Select the time interval using the procedures specified under **Pop-up Menus**.

The case is then started, and the Monitor screen appears.

## Section 5 - Operation

### O.R. Data Manager

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#### Patient Data Preentry

When the O.R. Data Manager is not recording, it is possible for the user to enter the Patient Data screen and preenter patient data for the next case. If this is done, when the next case is started the data entered on the Patient Data screen will appear on the patient identification prompt and the cursor will be placed on the START CASE button. Press the ENTER key or the Datagrip trigger to start the case with the preentered data.

Note that if patient data is preentered, no check for preconfigured data is performed. Any preconfigured data on the floppy will be overwritten by the preentered data.

For more information on preentering patient data, see the **Patient Data Screen** section of this manual.

#### Emergency Start

In an emergency, it is desirable to have a way to start a case with a single keystroke. This can be done from the patient identification prompt by pressing either the STAT DRUG or STAT EVENT key. When one of these keys is pressed at the patient identification prompt, the case is started immediately; no check for preconfigured data is performed, and the requirement that a last name or ID be entered is bypassed. If no last name or ID is entered, a temporary patient ID is assigned by the O.R. Data Manager so the case can be identified. The user can then enter the patient name and actual patient ID later in the case when time permits.

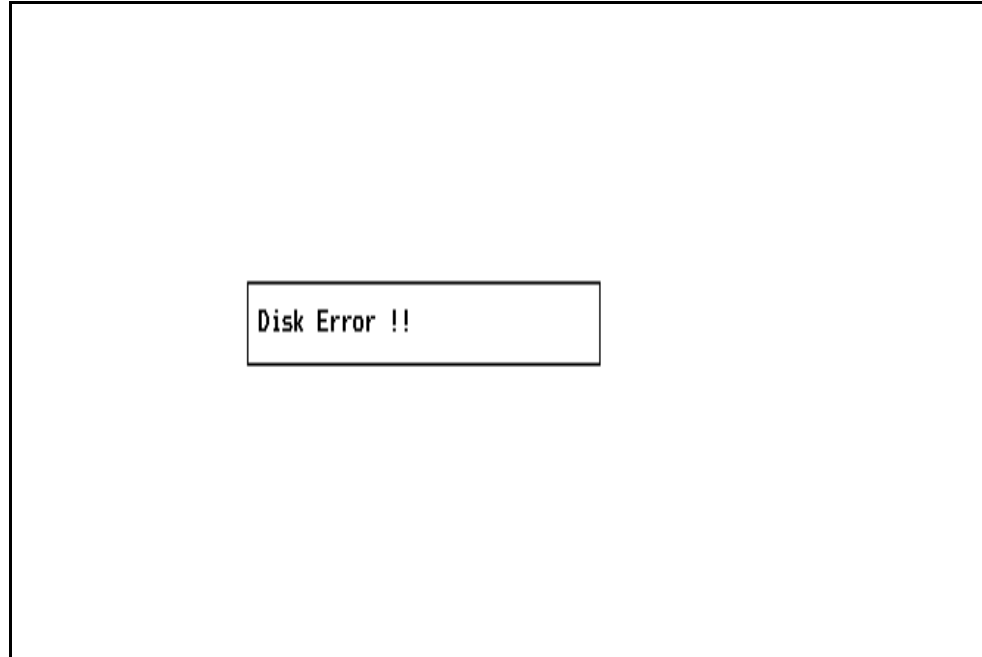
Note that if STAT DRUG or STAT EVENT is pressed at the patient identification prompt and the disk contains preconfigured data, the preconfigured data will be erased.

## Section 5 - Operation O.R. Data Manager

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### Disk Error Messages

An error message appears on the screen if there is a problem reading or writing the disk.



The following table lists possible error messages.

ERROR MESSAGE	CORRECTIVE ACTION
"Disk not inserted!!"	<ul style="list-style-type: none"><li>• Insert a formatted disk.</li></ul>
"Disk not formatted!!"	<ul style="list-style-type: none"><li>• Insert a formatted disk.</li></ul>
"Disk full!!"	<ul style="list-style-type: none"><li>• Insert a new formatted disk.</li></ul>
"Disk write-protected!!"	<ul style="list-style-type: none"><li>• Remove disk, close the write protect tab on the disk, and retry.</li><li>• Use a different formatted disk and retry.</li></ul>
"Disk error!!"	<ul style="list-style-type: none"><li>• Ensure that the disk is 1.4 MB, formatted, and that the write protect tab is closed; retry.</li><li>• If error persists, contact an NAD qualified technical service representative.</li></ul>

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### O.R. Data Manager

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#### Starting a Case with a Network-Based O.R. Data Manager

Following power-up diagnostics, the Narkomed 2C displays either the Machine Monitor screen (if a third-party device is connected to the Narkomed 2C or if no external monitors are connected), or the System Monitor screen (if a Vitalert monitor is connected). Assuming that the advisory window is not full, an advisory stating that the O.R. Data Manager is not recording is posted in the Advisory window (ORDM NOT REC).

You can initiate the recording of data in two ways:

- Press the START/STOP RECORD key on the keyboard, or
- Use the Datagrip to select the START RECORD option from the O.R. Data Manager screen menu as follows:
  1. Using the thumbwheel, highlight the ORDM soft key in the screen selection menu, and press the trigger. A menu of O.R. Data Manager options appears.
  2. Using the thumbwheel, highlight the START RECORD option, and press the trigger.

All Narkomed 2C trend and log information is cleared at the start of the case.

If there is a communication error between the O.R. Data Manager and the Narkomed 2C during the recording of a case, the Advisory ORDM COMM ERROR appears in the Advisory window.

#### Using Preconfigured Data

The O.R Data Manager allows you to use data that had been configured before the start of the case. Preconfigured case data includes Patient Data and Drug and Event Template information.

Please enter patient name and/or ID.		
Patient Last Name :	<input type="text"/>	First: MI:
Patient ID :	<input type="text"/>	
Drug Template Name :	<input type="text"/>	Event Template Name:
START CASE		ESCAPE

Press the SELECT ENTRY key or the Datagrip trigger. The O.R. Data Manager will display patient identification information for all preconfigured patient data stored on the network. The network disk may contain multiple Patient Data and drug and event template files.

Choose Patient:		
a. Dawson,	Tim	222-11-3333-43
SEARCH    ESCAPE		

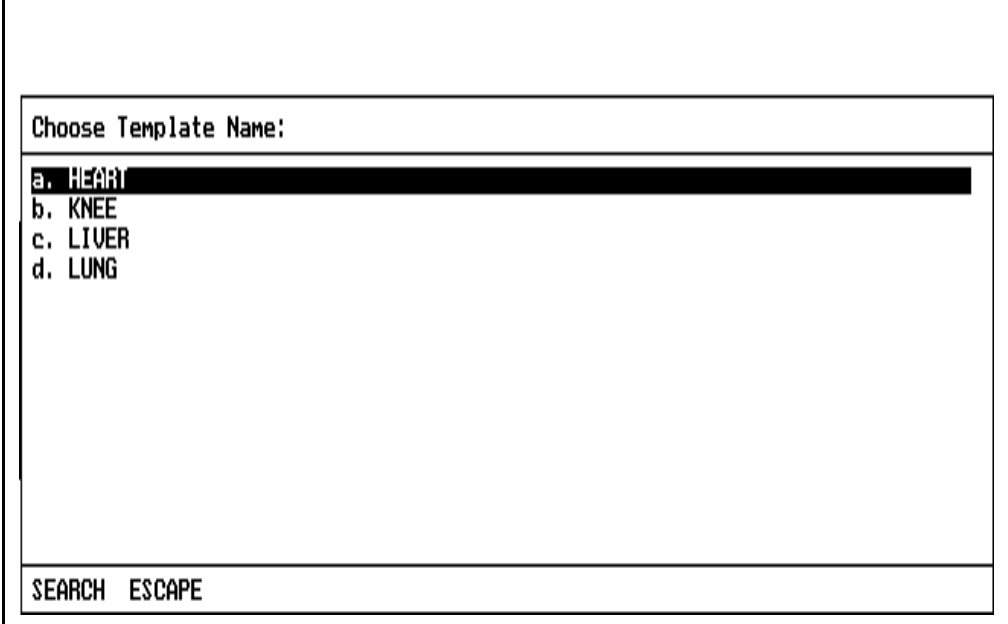
## Section 5 - Operation

### O.R. Data Manager

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1. Select the patient using the procedures specified under **Pop-up Menus**.

The patient data information is inserted in the appropriate cells, and the cursor is positioned at the Drug Template Name cell. Press the SELECT ENTRY key or the Datagrip trigger. The O.R. Data Manager will display the drug templates that are found on the network storage device.



Choose Template Name:

- a. HEART
- b. KNEE
- c. LIVER
- d. LUNG

SEARCH    ESCAPE

1. Select the desired template using the procedures specified under **Pop-up Menus**.

The cursor will move to the Event Template Name cell, allowing you to select the event template from network storage in the same way as the drug template.

**NOTE:** If you select a drug template, and there is an event template with the same name found on the disk (and vice versa), that template name will be automatically inserted in the template name cell if the template name cell is blank.

You may also type in template names from the keyboard or you may leave those fields blank. The only information that you **must** enter in order to begin a case, is the Patient Last Name or the Patient ID.

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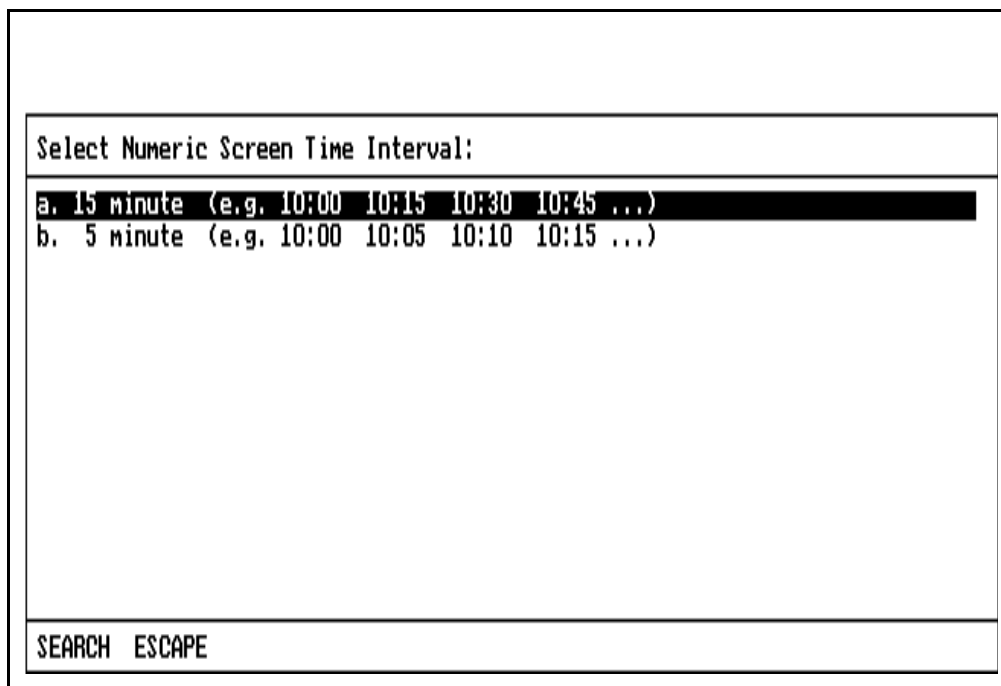
### O.R. Data Manager

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Once all the desired information is entered, position the cursor on START CASE, and press the ENTER key or the Datagrip trigger.

If the Numeric Screen Time Interval has been configured to 'query each case' (see **System Configuration**), the following screen appears. This screen allows you to set the time interval for data to be posted in the numeric screen and on the anesthesia record. You can choose either 5 or 15 minute intervals. The 5 minute interval is recommended for shorter cases (less than 2-3 hours), and the 15 minute interval is recommended for longer cases.

(If the system was configured for a specific time interval, this screen will not appear.)



Select Numeric Screen Time Interval:

a. 15 minute (e.g. 10:00 10:15 10:30 10:45 ...)

b. 5 minute (e.g. 10:00 10:05 10:10 10:15 ...)

SEARCH ESCAPE

- Select the desired time interval using the procedures specified under **Pop-up Menus**.
- If you want to exit this screen, press the ESC key or position the cursor on the ESCAPE button and press the ENTER key or the Datagrip trigger. The numeric screen resolution will default to 15 minutes.

The case is now started and the Monitor screen appears.

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### O.R. Data Manager

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Entering Data  
from the  
Keyboard

Instead of selecting patient information from a pop-up screen menu, you can also type in the information directly from the keyboard. When the patient information prompt initially appears after you press START RECORD, do the following:

1. Enter at least the Patient Last Name or Patient ID.
2. Use the arrow keys or the Datagrip thumbwheel to position the cursor on START CASE.
3. Press the ENTER key or the Datagrip trigger.

The patient information you typed is compared to the patient data found on the network (if any). If a match is not found, you will be prompted to choose which patient case you want:

Choose Patient:		
a. Jackson,	James	123-45-6789
b. Dawson,	Tim	222-11-3333-43
c. New Case		
SEARCH    ESCAPE		



## Section 5 - Operation O.R. Data Manager

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To choose the case, follow the procedures specified under **Pop-up Menus**.

You can select the patient name you just typed, one of the cases stored on the network, or a completely different one (NEW CASE).

If you choose NEW CASE, the patient information prompt will be displayed again to allow you to enter the new patient data. Pressing the ESC key or moving the cursor to the ESCAPE button and pressing the ENTER key or the Datagrip trigger also returns you to the patient identification prompt.

Depending upon the Numeric Screen Time Interval configuration option chosen (see **System Configuration**), after you make your selection, you may be prompted for the Numeric Data screen time interval. Select the time interval using the procedures specified under **Pop-up Menus**.

The case is then started and the Monitor screen appears.

### Patient Data Preentry

When the O.R. Data Manager is not recording, it is possible for the user to enter the Patient Data screen and preenter patient data for the next case. If this is done, when the next case is started the data entered on the Patient Data screen will appear on the patient identification prompt and the cursor will be placed on the START CASE button. Press the ENTER key or the Datagrip trigger to start the case with the preentered data.

Note that if patient data is preentered, no check for preconfigured data is performed.

For more information on preentering patient data, see the **Patient Data Screen** section of this manual.

### Emergency Start

In an emergency, it is desirable to have a way to start a case with a single keystroke. This can be done from the patient identification prompt by pressing either the STAT DRUG or STAT EVENT key. When one of these keys is pressed at the patient identification prompt, the case is started immediately; no check for preconfigured data is performed, and the requirement that a last name or ID be entered is bypassed. If no last name or ID is entered, a temporary patient ID is assigned by the O.R. Data Manager so the case can be identified. The user can then enter the patient name and actual patient ID later in the case when time permits.

Note that if STAT DRUG or STAT EVENT is pressed at the patient identification prompt, no check for preconfigured data is performed.

## Section 5 - Operation

### O.R. Data Manager

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#### Data Recording During the Case

Data is written to disk every 30 seconds. A maximum of 14 hours of data can be recorded per case. If a case will last longer than 14 hours, you should prepare two preconfigured cases before the start. Each preconfigured case should include the required templates and patient/case identification information. These cases can be prepared using PC Prep/View before the case begins.

Before the 14 hours has elapsed, you should print a copy of the anesthesia record. If you are recording to floppy disk, do not remove the disk from the disk drive while the anesthesia record is being printed. When the print process is completed, stop recording and remove the floppy disk from the drive. Then, insert the second disk into the disk drive and repeat the procedure to start a new case. If you are recording to a network, print the record, stop recording, and start the second part of the case. (For more information about printing a record, refer to "Printing Anesthesia Records.")

On floppy disk-based systems, if you insert a new floppy disk while the O.R. Data Manager is recording, the disk is checked for previous case data. If previous data exists on the disk, you will either have to replace the disk with a clean one, or allow the O.R. Data Manager to clear the existing data. Once the disk is clean, the case data in memory will be copied to the disk, and subsequent recorded data will be appended to the disk. Only the data required for the printed anesthesia record will be copied to disk in this manner; physiological data for the PC Prep/View View Case application will not be copied, and the recording of View Case data will begin at the time the new disk is inserted. For more information on the View Case application, see the *PC Prep/View Operator's Manual*.

Under specific power-up or reset conditions (for instance, following a power failure), the O.R. Data Manager will load data from a prior case. The last recorded time of the case must be within 15 minutes of the current time. The prior case is checked against the current case on the O.R. Data Manager hard drive. If they are the same, the prior case data will be loaded into memory, and subsequent recorded data will be appended to the case.

## Section 5 - Operation O.R. Data Manager

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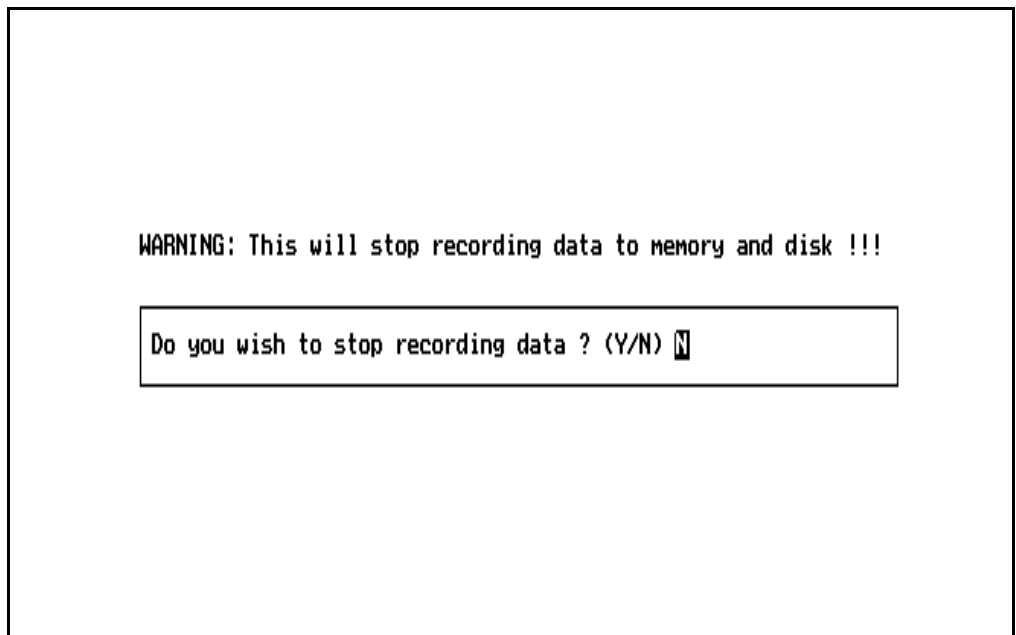
### Ending a Case with the O.R. Data Manager

You can stop the recording of data in one of two ways:

- Press the START/STOP RECORD key, or
- Using the Datagrip, select the STOP RECORD option from the screen menu.

**NOTE:** You can invoke the screen menu in the Monitor screen by pressing the Datagrip trigger. For information on how to invoke the screen menu from the O.R. Data Manager screens, see the specific operating instructions for each screen.

You will then be queried to make sure that you want to end the case:



WARNING: This will stop recording data to memory and disk !!!

Do you wish to stop recording data ? (Y/N)

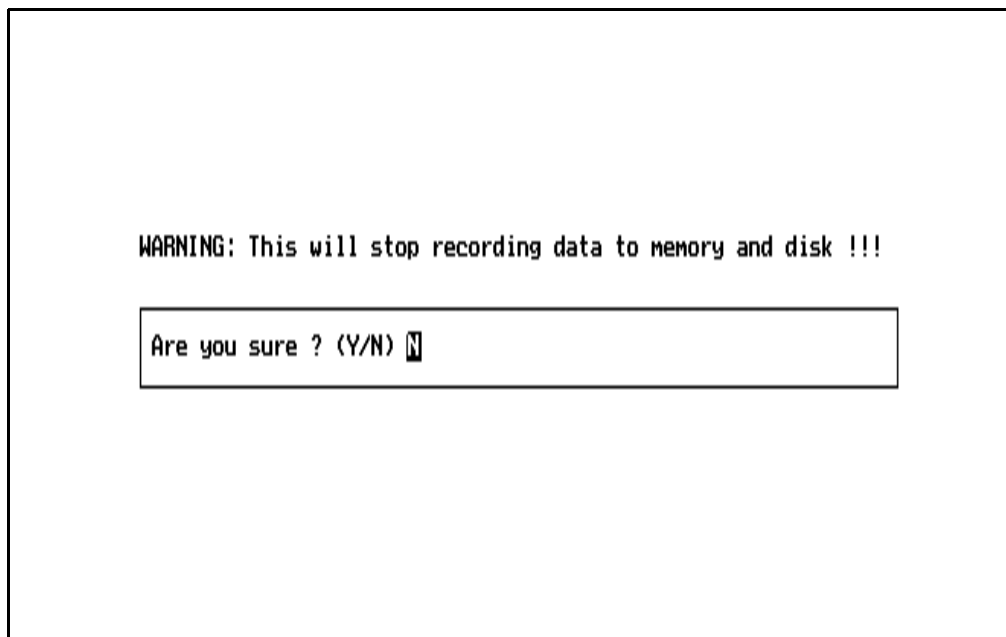
- If you want to stop recording, press the Y key, or rotate the thumbwheel to display Y and press the Datagrip trigger.
- If you do not want to stop recording, press N or any key other than Y, or rotate the thumbwheel to display N and press the Datagrip trigger.

## Section 5 - Operation

### O.R. Data Manager

---

If you specify Y, a second prompt appears to confirm your choice:



- If you want to stop recording, press the Y key, or rotate the thumbwheel to display Y and press the Datagrip trigger.
- If you do not want to stop recording, press N or any key other than Y, or rotate the thumbwheel to display N and press the Datagrip trigger.

If you do not respond within 30 seconds, the prompt is removed from the screen and recording continues.

If you respond with a Y to the confirmation prompt, any final outstanding data will be written to the disk, and recording will stop. If the O.R. Data Manager is connected to a Vitalert 3000 Series monitor, all Vitalert alarms that are on will be set to standby.

Whenever the O.R. Data Manager is not recording, an advisory message indicating this will be sent to the host machine.

## Section 5 - Operation O.R. Data Manager

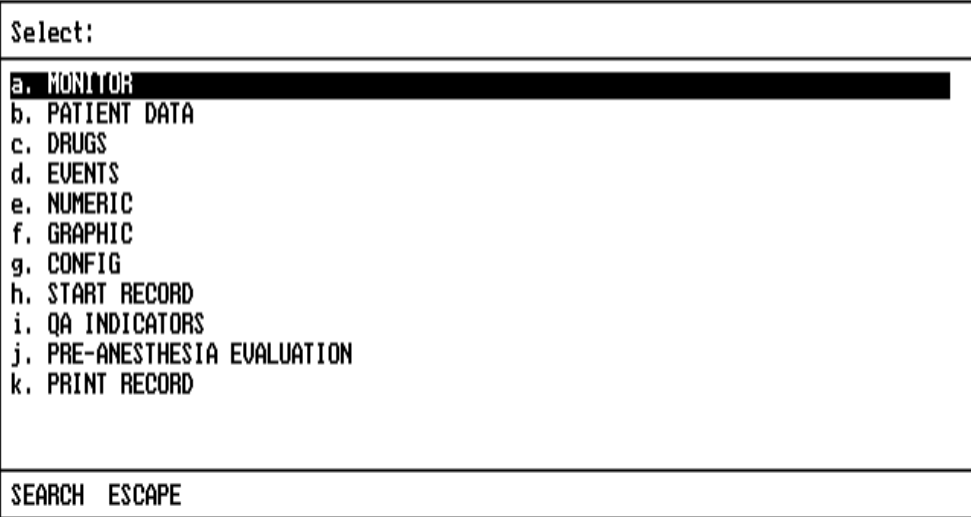
---

Exiting the  
Monitor Screen

To exit the Monitor screen, press any of the other Screen keys, or the Datagrip trigger, or the SELECT ENTRY key.

Displaying the  
O.R. Data  
Manager Screen  
Menu

If you press the Datagrip trigger or the SELECT ENTRY key, the following pop-up screen menu appears:



The screenshot shows a pop-up menu titled "Select:" with a list of options from a to k. Option "a. MONITOR" is highlighted with a thick black bar. At the bottom of the menu, there is a line with the text "SEARCH" and "ESCAPE" separated by a space.

Select:
a. MONITOR
b. PATIENT DATA
c. DRUGS
d. EVENTS
e. NUMERIC
f. GRAPHIC
g. CONFIG
h. START RECORD
i. QA INDICATORS
j. PRE-ANESTHESIA EVALUATION
k. PRINT RECORD
SEARCH    ESCAPE

Make the desired selection according to the procedures described earlier in this section under **Pop-up Menus**.

## Section 5 - Operation

### O.R. Data Manager

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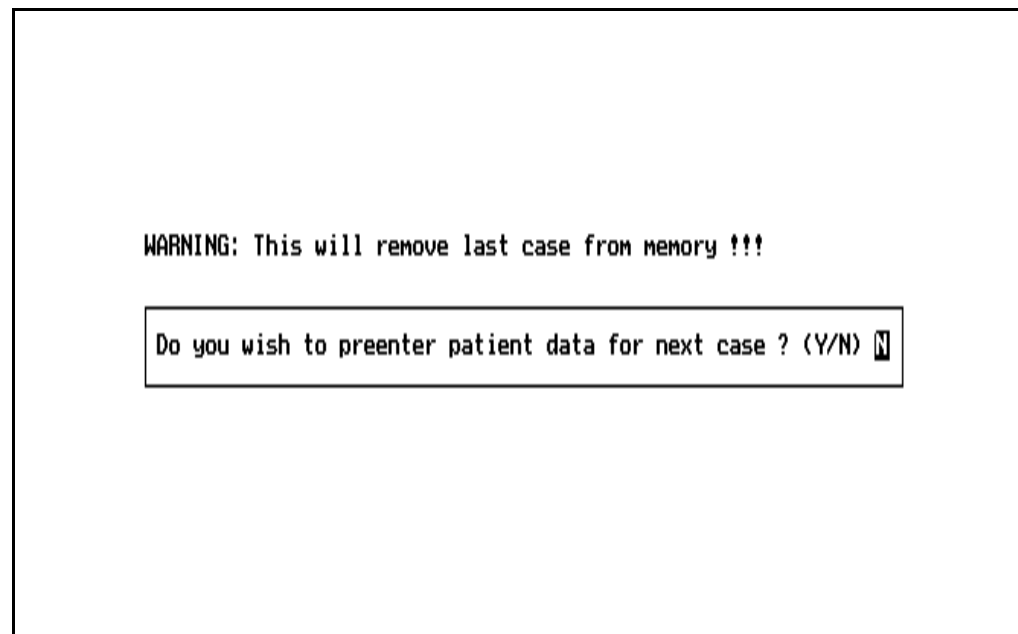
#### Patient Data Screen

The Patient Data screen is used to enter, edit, and view patient/case information, such as name, patient ID, procedure, etc.

#### Selecting the Screen

To enter the Patient Data screen, press the PATIENT DATA key, or use the Datagrip to select PATIENT DATA from the O.R. Data Manager screen menu.

The Patient Data screen can be selected either during a case or between cases. If it is selected between cases (when the O.R. Data Manager is not recording), the data entered will be used for the next case that is run on the O.R. Data Manager. Because preentering the data for the next case will cause the data for the last case to be overwritten, the following confirmation prompt appears:



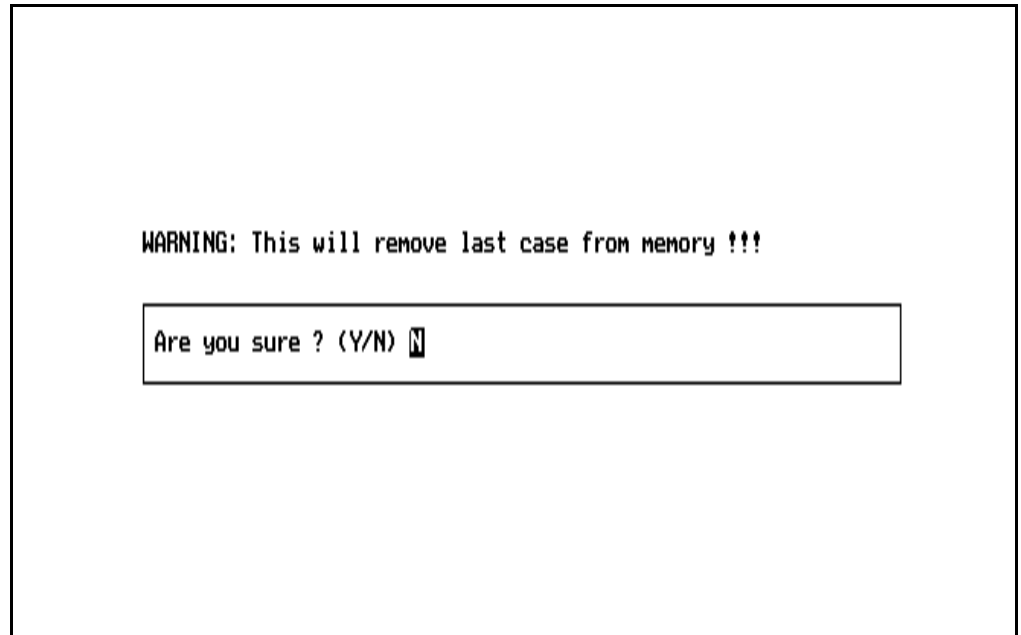
- If you want to preenter the patient data for the next case, press the Y key, or rotate the thumbwheel to display Y and press the Datagrip trigger.
- If you do not want to preenter patient data, press N or any key other than Y, or rotate the thumbwheel to display N and press the Datagrip trigger.

If you do not respond within 30 seconds, the prompt is removed from the screen and the Patient Data screen is not entered.

## Section 5 - Operation O.R. Data Manager

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If the user specifies Y, a second prompt appears confirming the choice:



A screenshot of a software interface showing a warning message. The text "WARNING: This will remove last case from memory !!!" is displayed in a monospaced font. Below this, there is a rectangular input box containing the text "Are you sure ? (Y/N) " followed by a cursor icon.

- If you want to preenter patient data for the next case, press the Y key or rotate the thumbwheel to display Y and press the Datagrip trigger.
- If you do not want to preenter patient data, press N or any key other than Y, or rotate the thumbwheel to display N and press the Datagrip trigger.

If you do not respond within 30 seconds, the prompt is removed from the screen and the Patient Data screen is not entered.

The Patient Data screen looks and acts the same whether it is being used for preentering data or entering data during a case. The only difference is that when data is being preentered, the title will be "PATIENT DATA PRE-ENTRY" rather than "PATIENT DATA".

If patient data has not been preentered for a case, all patient data is cleared from memory at the start of a case. After memory has been cleared, any preconfigured patient data contained on the floppy disk or selected from the network is loaded into memory. Note that if patient data was preentered, no check for preconfigured data is performed.

## Section 5 - Operation

### O.R. Data Manager

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When the Patient Data screen appears on the remote display, the cursor appears in the Last Name data cell.

PATIENT DATA Page 1				
Last Name :	Jackson	First:	James	MI: A
ID :	123-45-6789	Sex:		
DOB (m/d/y):	07/13/1951	Age Yrs:	44	Mos: 0
Ht (ft-in) :	6 ' 1 "	Ht (cm):	185	Wt (lb): 198 Wt (kg): 90
Diagnosis 1:	Tonsillitis		Diag Code:	
Procedure 1:	Tonsillectomy		Proc Code: 42826-	
Anest Type :	General	OR No:	10	Supvn: 1 ASA No: 2
	<u>Last Name</u>	<u>First Name</u>	<u>MI</u>	<u>Title</u>
Surgeon 1 :	Casey	Jeff		MD
Surgeon 2 :	Fields	Diane	G	MD
Anes' logist:	Brown	Raymond	P	Res A
Anest 1 :	Adams	Lorna		CRNA
Anest 2 :	Bell	Kevin	R	
<div> NEXT PAGE PRE EVAL CLEAR MENU </div>				

#### Entering Data

The date of birth (DOB) row accepts up to two digits for the month, up to two digits for the day, and four digits for the year. For ease of data entry at the start of a case or after Patient Data is cleared, the DOB year cell is initialized to "19\_\_", so that you only have to enter the last two digits. The BKSP key may be used if year "18xx" is needed. You do not need to press ENTER between DOB cells; the cursor advances automatically. When the date of birth is entered, the patient age in years and months is automatically calculated and placed in the AGE cell. The maximum patient age that can be entered is 120 years, 0 months.

The Ht and Wt cells accept only numeric entries. O.R. Data Manager has an auto-conversion feature for the height and weight entries. When the patient's height in feet and inches is entered in the Ht (ft-in) cell, the patient's height in centimeters is automatically calculated and entered in the Ht (cm) cell (and vice versa). The same type of conversion is performed for the Wt (lb) and Wt (kg) cells.

The Sex cell accepts only upper case or lower case letters F or M.



## Section 5 - Operation O.R. Data Manager

The Supvn cell refers to the anesthesiologist level of supervision. It specifies the number of operating rooms supervised by the anesthesiologist and accepts only one digit.

The ASA No cell accepts only four alphanumeric characters.

The Diagnosis cell accepts any alphanumeric characters.

Entry procedures for the Procedure, Anesthesia Type, Surgeon, Anesthesiologist, and Anesthetist cells are described later in this section.

Patient Data  
Screen Page 2

Set the cursor on NEXT PAGE and press ENTER or the Datagrip trigger, or use the PAGE and ↓ keys. Page 2 of the Patient Data Screen will be displayed. The Diagnosis, Remarks, and Ins Code cells accept any alphanumeric characters.

Entry procedures for the Procedure and Insurance cells are described later in this section.

PATIENT DATA Page 2	
Diagnosis 2:	Diag Code:
Procedure 2: Anesthesia for Tonsilectomy	Proc Code: 45678-0001
Procedure 3:	Proc Code: -
Remarks :	
Remarks :	
Insurance 1: Private	Ins Code: 123-45-6789
Insurance 2:	Ins Code:
PREV PAGE	PRE EVAL
CLEAR	MENU

## Section 5 - Operation

### O.R. Data Manager

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#### Entering Surgical Procedures

The procedures and their associated codes can be typed in from the keyboard or entered from a pop-up menu. The content of the procedure pop-up menu is site-configurable.

Menu lists are configured using the PC Prep/View software program and are later installed using the O.R. Data Manager Import Site Lists function. If a network system is installed, the O.R. Data Manager can be configured to import site lists automatically at power-up. For more information on site-configurable lists, see the *PC Prep/View Operator's Manual* and the *System Configuration* section of this manual.

To select procedures from the pop-up menu:

1. In the Patient Data screen, set the cursor to any of the three cells labeled Procedure or Proc Code. One of these cells is on Page one of the Patient Data screen, and two are on Page two of the Patient Data screen.
2. Press the SELECT ENTRY key or the Datagrip trigger. This displays a pop-up menu.

PATIENT DATA Page 1	
Select Category:	CPT Copyright 1995 American Medical Assc.
<ul style="list-style-type: none"> <li>a. ANESTHESIA</li> <li>b. SURGERY - Integumentary System</li> <li>c. SURGERY - Musculoskeletal System</li> <li>d. SURGERY - Respiratory System</li> <li>e. SURGERY - Cardiovascular System</li> <li>f. SURGERY - Hemic and Lymphatic Systems</li> <li>g. SURGERY - Mediastinum and Diaphragm</li> <li>h. SURGERY - Digestive System</li> <li>i. SURGERY - Urinary System</li> <li>j. SURGERY - Male Genital System</li> <li>k. SURGERY - Intersex Surgery</li> <li>l. SURGERY - Laparoscopy/Peritoneoscopy</li> <li>m. SURGERY - Female Genital System</li> </ul>	
PG DWN PG UP SEARCH ESCAPE	

3. Make the desired selection using the procedures described earlier in this section under **Pop-up Menus**.

## Section 5 - Operation O.R. Data Manager

Making the selection causes a submenu to appear that either specifies the procedures or lists the subgroups within the category.

4. Make the desired selection using the procedures described under **Pop-up Menus**.

PATIENT DATA Page 1	
Select Category:	CPT Copyright 1995 American Medical Asc.
<ul style="list-style-type: none"> <li>a. Head</li> <li>b. Neck</li> <li>c. Thorax (chest wall and Shoulder Girdle)</li> <li>d. Intrathoracic</li> <li>e. Spine and Spinal Cord</li> <li>f. Upper Abdomen</li> <li>g. Lower Abdomen</li> <li>h. Perineum</li> <li>i. Pelvis (except hip)</li> <li>j. Upper Leg (except knee)</li> <li>k. Knee and Popliteal area</li> <li>l. Lower Leg (Below knee)</li> <li>m. Shoulder and Axilla</li> </ul>	
PG DWN PG UP SEARCH ESCAPE	

The Patient Data screen allows up to three Procedures and their Codes to be entered. If Pick List format has been chosen, all three procedures may be selected at the same time even though they appear on different pages of the Patient Data screen. If there are no existing entries when making the first selection, and the Pick List format has been chosen, up to three selections can be made. If one procedure has already been entered, up to two selections can be made if the cursor is on a blank entry. If the cursor is on a nonblank entry, only one procedure can be selected to replace the existing entry.

## Section 5 - Operation

### O.R. Data Manager

---

If two procedures have already been entered in the Patient Data screen and the Procedure menu is accessed, one selection can be made. If the cursor is on a nonblank entry, the new selection will replace the existing entry.

PATIENT DATA Page 1		
Use Spacebar to Select Procedure(s): CPT Copyright 1995 American Medical Asc.		
a. <input checked="" type="checkbox"/>	00100 ANESTH, SKIN SURGERY	0.0
b. <input checked="" type="checkbox"/>	00102 ANESTH, REPAIR OF CLEFT LIP	0.0
c. <input type="checkbox"/>	00103 ANESTH, BLEPHAROPLASTY	0.0
d. <input type="checkbox"/>	00104 ANESTH FOR ELECTROSHOCK	0.0
e. <input type="checkbox"/>	00120 ANESTHESIA FOR EAR SURGERY	0.0
f. <input type="checkbox"/>	00124 ANESTHESIA FOR EAR EXAM	0.0
g. <input type="checkbox"/>	00126 ANESTH, TYMPANOTOMY	0.0
h. <input type="checkbox"/>	00140 ANESTH, PROCEDURES ON EYE	0.0
i. <input type="checkbox"/>	00142 ANESTHESIA FOR LENS SURGERY	0.0
j. <input type="checkbox"/>	00144 ANESTH, CORNEAL TRANSPLANT	0.0
Anesthesia for procedures on integumentary system of head and/or salivary glands, including biopsy; plastic repair of cleft lip		
ENTER	PG DWN PG UP SEARCH CLEAR ESCAPE	2 tagged

## Section 5 - Operation O.R. Data Manager

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### Entering Anesthesia Type

The anesthesia type can be typed in from the keyboard or entered from a pop-up menu. The content of the anesthesia type pop-up menu is site-configurable. If no site-configured anesthesia type list exists, a default menu will appear.

To make a selection from the pop-up menu:

1. In the Patient Data screen, move the cursor to the cell labeled Anest Type.
2. Press the SELECT ENTRY key or the Datagrip trigger to bring up the menu.
3. Make the desired selection by using the procedures described earlier in this section under **Pop-up Menus**.

The screenshot shows a terminal-style interface. At the top, it says "PATIENT DATA Page 1". Below this is a rectangular box containing the text "Select anesthesia type:". Underneath this text is a list of nine options, each preceded by a letter from 'a' to 'i'. The first option, "a. Caudal", is highlighted with a thick black horizontal bar. The other options are "b. Epidural", "c. General", "d. Intravenous", "e. Local", "f. MAC", "g. Regional Intravenous", "h. Regional Nerve Block", and "i. Spinal". At the bottom of the box, outside the list area, are the words "SEARCH" and "ESCAPE" separated by a space.

PATIENT DATA Page 1	
Select anesthesia type:	
a. Caudal	
b. Epidural	
c. General	
d. Intravenous	
e. Local	
f. MAC	
g. Regional Intravenous	
h. Regional Nerve Block	
i. Spinal	
SEARCH	ESCAPE

## Section 5 - Operation

### O.R. Data Manager

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#### Entering Surgeon Names

The surgeon names can be typed in on Page 1 of the Patient Data Screen from the keyboard, or entered from a pop-up menu. The content of the surgeon name pop-up menu is site-configurable.

To select a surgeon name from the pop-up menu:

1. On Page 1 of the Patient Data Screen, move the cursor to any of the cells on the line labeled Surgeon 1 or Surgeon 2.
2. Press the SELECT ENTRY key or the Datagrip trigger. This invokes the surgeon name pop-up menu.

The Patient Data screen allows up to two surgeon names to be entered. If there are no existing entries when making the first selection, and Pick List format has been chosen, up to two selections can be made.

PATIENT DATA Page 1	
Use Spacebar to Select Name(s):	
a. <input checked="" type="checkbox"/>	Becker, Mark MD
b. <input type="checkbox"/>	Lawford, Thomas MD
c. <input type="checkbox"/>	Lincoln, Andrea MD
d. <input type="checkbox"/>	O'Brien, Shannon MD
e. <input type="checkbox"/>	Turner, Jessica MD
ENTER    SEARCH    CLEAR    ESCAPE <span style="float: right;">1 tagged</span>	

If one surgeon name has already been entered in the Patient Data screen and the Surgeon menu is accessed, one selection can be made. If the menu is accessed from a nonblank Surgeon data line, the selected data will replace the existing data.

## Section 5 - Operation O.R. Data Manager

### Entering Anesthesiologist Name

The anesthesiologist name can be typed in on Page 1 of the Patient Data Screen from the keyboard, or entered from a pop-up menu. The content of the anesthesiologist name pop-up menu is site-configurable.

To select an anesthesiologist name from the pop-up menu:

1. In the Patient Data screen, move the cursor to any of the cells in the line labeled Anes'logist.
2. Press the SELECT ENTRY key or the Datagrip trigger. This displays the anesthesiologist name pop-up menu.
3. Make the desired selection by following the procedures described earlier in this section under **Pop-up Menus**.

PATIENT DATA Page 1

Use Spacebar to Select Name(s):

a.	<input checked="" type="checkbox"/>	Jackson, Carly	MD
b.	<input type="checkbox"/>	Kennedy, Andrew	MD
c.	<input type="checkbox"/>	Nad, Anne	MD
d.	<input type="checkbox"/>	Washington, Joseph	MD
e.	<input type="checkbox"/>	Weaver, Susan	MD

ENTER SEARCH CLEAR ESCAPE 1 tagged

## Section 5 - Operation

### O.R. Data Manager

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#### Entering Anesthetist Names

The anesthetist names can be typed in on Page 1 of the Patient Data Screen from the keyboard, or entered from a pop-up menu. The content of the anesthetist name pop-up menu is site-configurable.

To select an anesthetist name from the pop-up menu:

1. On Page 1 of the Patient Data Screen, move the cursor to any of the cells on the line labeled Anest 1 or Anest 2.
2. Press the SELECT ENTRY key or the Datagrip trigger. This invokes the anesthetist name pop-up menu.

The Patient Data screen allows up to two anesthetist names to be entered. If there are no existing entries when making the first selection, and the Pick List format has been selected, up to two selections can be made.

PATIENT DATA Page 1	
Use Spacebar to Select Name(s):	
a. <input checked="" type="checkbox"/>	Bradford, Sam CRNA
b. <input type="checkbox"/>	Edwards, Jack CRNA
c. <input type="checkbox"/>	Jackson, Carly MD
d. <input type="checkbox"/>	Keating, Larry CRNA
e. <input type="checkbox"/>	Kennedy, Andrew MD
f. <input type="checkbox"/>	Nad, Anne MD
g. <input type="checkbox"/>	Norris, Michelle CRNA
h. <input type="checkbox"/>	Reynolds, Sally CRNA
i. <input type="checkbox"/>	Washington, Joseph MD
j. <input type="checkbox"/>	Weaver, Susan MD
ENTER SEARCH CLEAR ESCAPE 1 tagged	

If one anesthetist name has already been entered in the Patient Data screen and the Anesthetist menu is accessed, one selection can be made. If the menu is accessed from a nonblank Anesthetist data line, the selected data will replace the existing data.



## Section 5 - Operation O.R. Data Manager

### Entering Insurance Names

The insurance names can be typed in on Page 2 of the Patient Data screen from the keyboard, or entered from a pop-up menu. The content of the insurance pop-up menu is site-configurable. If no site-configured insurance list exists, a default menu will appear.

To select an insurance name from the pop-up menu:

1. On Page 2 of the Patient Data screen, set the cursor to either of the fields labeled Insurance.
2. Press the SELECT ENTRY key or the Datagrip trigger. This invokes the insurance pop-up menu.

The Patient Data screen allows up to two insurance names to be entered. If there are no existing insurance entries when making a selection, and the Pick List format has been selected, up to two selections can be made.

The screenshot shows the 'PATIENT DATA Page 2' screen. A pop-up menu is displayed with the title 'Use Spacebar to Select insurance:'. The menu lists three options: 'a. [X] Medicare', 'b. [ ] None', and 'c. [ ] Private'. The 'a. [X] Medicare' option is highlighted with a black background. At the bottom of the screen, there is a status bar with the text 'ENTER SEARCH CLEAR ESCAPE' on the left and '1 tagged' on the right.

If one insurance name has already been entered and the insurance menu is accessed, one selection can be made. If the menu is accessed from a nonblank insurance cell, the selected data will replace the existing data.

## Section 5 - Operation

### O.R. Data Manager

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#### Editing Data

The Edit Mode allows editing of selected cells in the Patient Data screen. You can edit any cell except Sex, DOB, Ht, Wt, and Age fields or a blank field. Refer to **General Operation**, Edit Mode for use of the edit window.

#### Viewing Pre-Anesthesia Evaluation data

To view the Pre-Anesthesia Evaluation data, set the cursor on PRE EVAL and press ENTER or the Datagrip trigger. This will bring up the Pre-Anesthesia Evaluation screen. For more information on the Pre-Anesthesia Evaluation screen, see the **Pre-Anesthesia Evaluation screen** section of this manual.

#### Clearing All Patient Data

To delete **all** entries in the Patient Data Screen, set the cursor on CLEAR and press ENTER or the Datagrip trigger. A prompt appears on the screen to confirm the deletion.

**NOTE:** The DELETE ENTRY key is not active in the Patient Data Screen.

PATIENT DATA Page 1				
Last Name : Jackson		First: James		MI: A
ID : 123-45-6789		Sex:		
DOB (m/d/y): 07/13/1951		Age Yrs: 44	Mos: 0	
Ht (ft-in) : 6 ' 1 "	Ht (cm): 185	Wt (lb): 198	Wt (kg): 90	
Diagnosis				
Procedure		Clear all patient data ? (Y/N) <input type="text" value="N"/>		
Anest Type				
	<u>Last Name</u>	<u>First Name</u>	<u>MI</u>	<u>Title</u>
Surgeon 1 :	Becker	Mark		MD
Surgeon 2 :	Lawford	Thomas		MD
Anes' logist:	Jackson	Carly		MD
Anest 1 :	Bradford	Sam		CRNA
Anest 2 :	Edwards	Jack		CRNA
<div> NEXT PAGE PRE EVAL CLEAR MENU </div>				

- To clear all patient data, press the Y key, or rotate the thumbwheel to display Y and press the Datagrip trigger. A confirmation prompt [Are you sure? (Y/N)] appears; respond accordingly.

## Section 5 - Operation O.R. Data Manager

- To cancel the Clear request, press N or any key other than Y, or rotate the thumbwheel to display N and press the Datagrip trigger.

If you do not respond within 30 seconds, no data is cleared, and the prompt is removed from the screen.

Displaying the  
O.R. Data  
Manager Screen  
Menu

To display the O. R. Data Manager screen menu:

1. Move the cursor to the MENU button at the bottom of either page of the Patient Data screen.
2. Press the Datagrip trigger or the SELECT ENTRY key to bring up the menu.

PATIENT DATA Page 1	
Select:	
a. MONITOR	
b. PATIENT DATA	
c. DRUGS	
d. EVENTS	
e. NUMERIC	
f. GRAPHIC	
g. CONFIG	
h. STOP RECORD	
i. QA INDICATORS	
j. PRE-ANESTHESIA EVALUATION	
k. PRINT RECORD	
SEARCH ESCAPE	

This menu allows entry into other screens.

Make the desired selection by using the procedures described earlier in this section under **Pop-up Menus**.

Exiting the  
Screen

To exit the Patient Data screen, press any of the other Screen keys, or use the Datagrip to select any other option from the O.R. Data Manager screen menu.

## Section 5 - Operation

### O.R. Data Manager

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#### Pre-Anesthesia Evaluation Screen

The Pre-Anesthesia Evaluation screen is used to view the data entered in the PC Prep/View Pre-Anesthesia Evaluation screen before the start of the case. The Pre-Anesthesia Evaluation data can not be modified in any way on the O.R. Data Manager; it is available for viewing only. For more information on pre-anesthesia evaluation data, see the *PC Prep/View Operator's Manual*.

#### Selecting the Screen

The Pre-Anesthesia Evaluation screen can be selected from the O.R. Data Manager screen menu by typing its key letter or highlighting PRE-ANESTHESIA EVALUATION and pressing the ENTER key or the Datagrip trigger. In addition, the Pre-Anesthesia Evaluation screen can also be selected from the Patient Data screen, or it can be selected from any screen by pressing the key combination ALT-E.

PATIENT PRE-ANESTHESIA EVALUATION

Page 1

```
Anesthesia Types reviewed: General
      Medical History: Asthma since childhood
      Anesthesia History:
Family Anesthesia Problems:
      Allergies:
      Current Medications:
      History Obtained from: Patient's Spouse
      Smoking: No
      Alcohol Use: Yes Glass of wine each day
      Street Drug Use: No
      Possible Pregnancy: No
Pre-Anesthesia Medication: Valium
      Last Food/Drink: 24 hours
```

Use the PAGE and ↑↓ arrow keys to move from page to page of the pre-anesthesia evaluation screen.

## Section 5 - Operation O.R. Data Manager

PATIENT PRE-ANESTHESIA EVALUATION

Page 2

Neck Mobility: Good					
Jaw Mobility: Good					
Vision/Hearing: Contacts					
Teeth:					
Airway:					
Vitals BP:	HR:	RR:	TEMP.:	SpO2:	
Lab Values	Hgb:	Na:			K:
	Hct:	Cl:			Gluc:
	Platelets:	Cr:			HCO3:
	Urine:	PT:			PTT:
Chest X-Ray: Shows collapsed lung					
EKG: Murmur					
Other:					

PATIENT PRE-ANESTHESIA EVALUATION

Page 3

RESPIRATORY: Asthma

CARDIOVASCULAR: Murmur

## Section 5 - Operation

### O.R. Data Manager

---

Displaying the  
O.R. Data  
Manager Screen  
Menu

To display the O.R. Data Manager screen menu, press the SELECT ENTRY key or the Datagrip trigger.

PATIENT PRE-ANESTHESIA EVALUATION	Page 3
Select:	
a. MONITOR	
b. PATIENT DATA	
c. DRUGS	
d. EVENTS	
e. NUMERIC	
f. GRAPHIC	
g. CONFIG	
h. STOP RECORD	
i. QA INDICATORS	
j. PRE-ANESTHESIA EVALUATION	
k. PRINT RECORD	
SEARCH ESCAPE	

This menu allows entry into other screens, and the STOP RECORD option allows you to stop recording. Make the desired selection using the procedures described earlier in this section under **General Operation** and **Pop-up Menus**.

Exiting the  
Screen

To exit the Pre-Anesthesia Evaluation screen, press any of the other screen keys, or use the Datagrip to select any other option from the O.R. Data Manager screen menu.

## Section 5 - Operation

### O.R. Data Manager

#### Drug Administration Screen

The Drug Administration screen is used to enter, edit, and view the record of the drugs administered to the patient. The screen displays a list that shows the sequence number, time, drug name, dosage, units of measure, route of administration, and total dosage for each drug entered.

Drug Administration information is cleared from memory at the start of a case.

#### Selecting the Screen

To enter the Drug Administration screen, press the DRUGS key, or use the Datagrip to select DRUGS from the O.R. Data Manager screen menu.

When the Drug Administration screen is displayed, the cursor appears under the DRUG NAME column in the blank cell below the last entry, unless the last entry is STAT DRUG. If the last entry is STAT DRUG, the cursor appears on that line.

The arrow symbol (either  $\leftrightarrow$  or  $\updownarrow$ ) at the right of the screen indicates the direction the cursor will move when you turn the Datagrip thumbwheel. The  $\leftrightarrow$  indicator means you can move the cursor left and right, while the  $\updownarrow$  indicator means you can move the cursor up and down. When in vertical mode, the entire line is highlighted to aid readability. To switch between horizontal and vertical movement, position the cursor on the direction indicator, and press the Datagrip trigger or the SELECT ENTRY key.

DRUG ADMINISTRATION							
NO.	TIME	DRUG NAME	DOSE	UNITS	ROUTE	TOTAL	
1	10:30	labetalol	10	mg	INVC	10.0	*
2	10:31	protamine	20	mg	INVC	20.0	
3	10:33	protamine	20	mg	IM	40.0	*
4	10:33	pancuronium	2	mg	INVP	2.00	*
5	10:34	sufentanil	100	mcg	INVC	100	
6	10:35	morphine IV	12	mg	INVC	12.0	
7	10:36	midazolam	2	mg	INVP	2.00	*
8	10:37	sufentanil	60	mcg	INVC	160	*
9	10:38	morphine IV	2	mg	INVC	14.0	*
10	10:39						$\leftrightarrow$ MENU

## Section 5 - Operation

### O.R. Data Manager

---

#### Entering/Editing Data

The sequence number is automatically placed in the NO. column. Sequence numbers cannot be edited.

The current time is automatically placed in the TIME column. In the blank set of cells (at the bottom), the time is displayed and continually updated until you make an entry. When you make an entry, the current time automatically becomes the time of the entry. The time can be changed for any entry by moving the cursor into the hour and minute columns and typing the new time. You can also change the time by pressing the SELECT ENTRY key or the Datagrip trigger when in the hour and minute columns. A box will appear around the current time entry. You can then use the arrow keys or the Datagrip thumbwheel to change the time entries by one-minute increments.

If a time is entered that seems inconsistent with the rest of the data, the message "Suspicious Entry Time!!" appears on the screen. This message is displayed if the time entered is more than one hour before recording was started, or more than 15 hours after that time.

If the time for any drug entry is altered, the change is reflected on both the Drug Administration screen and the Graphic History screen.

The phrase STAT DRUG may appear in the DRUG NAME column. If it does, it indicates that the STAT DRUG key was pressed during the case. You can edit a STAT DRUG entry to show the actual drug administered at that time.

If any edited data alters the time sequence, the entries will initially appear to be out of sequence. To redisplay the entries in proper time sequence, exit the Drug Administration screen, then reenter it.

The TOTAL column shows the total administered dosage for each drug and is updated automatically. An asterisk to the right of the TOTAL column indicates the most recent total for each drug.

**NOTE:** No total will be shown if all units of measure are not the same for a drug name.

You can enter a maximum of 98 entries in the Drug Administration Screen.



## Section 5 - Operation O.R. Data Manager

---

### Selecting Drugs from the Drug Template

As an alternative to typing drug names, you can select drugs from the Drug Template. If no Drug Template was specified, the O.R. Data Manager loads a default drug template from its hard drive.

For instructions on creating and editing case-specific templates, see the *PC Prep/View Operator's Manual*.

To select a drug from the Drug Template:

1. In the Drug Administration screen, move the cursor to the desired cell in the DRUG NAME column.
2. Press the SELECT ENTRY key or the Datagrip trigger to display the Drug pop-up menu, which contains the list of drug names stored in the template.

If the system is configured in the Single Entry format (see **System Configuration**), the pop-up menu will always appear in the Single Entry format.

If the Pick List format was chosen in the configuration options, the Drug pop-up menu is always displayed in the Pick List format.

## Section 5 - Operation

### O.R. Data Manager

---

DRUG ADMINISTRATION	
Use Spacebar to Select Drug(s) from Drug Template:	
a. <input checked="" type="checkbox"/>	alfentanil
b. <input type="checkbox"/>	atracurium
c. <input type="checkbox"/>	atropine
d. <input type="checkbox"/>	cefazolin
e. <input type="checkbox"/>	fentanyl
f. <input type="checkbox"/>	glycopyrrolate
g. <input type="checkbox"/>	ketorolac
h. <input type="checkbox"/>	lidocaine
i. <input type="checkbox"/>	midazolam
j. <input type="checkbox"/>	morphine
k. <input type="checkbox"/>	neostigmine
l. <input type="checkbox"/>	pancuronium
m. <input type="checkbox"/>	propofol
ENTER   PG DWN   PG UP   SEARCH   CLEAR   ESCAPE   TAGALL   DICT   1   tagged	

Select drugs using the procedures described earlier in this section under **General Operation** and **Pop-up Menus**.

If Units and/or Routes were specified when the drug template was created, they will automatically be entered when the drug is selected.

#### Selecting Drugs from the Drug Dictionary

The Drug Dictionary, which is a list of commonly used drugs and fluids, is accessed by making the DICT selection at the bottom of the drug template menu. The content of the Drug Dictionary is site-configurable. If no site-configured Drug Dictionary exists, a default list will appear.

Lists are configured using the PC Prep/View software program and are later installed using the O.R. Data Manager Import Site Lists function. If a network system is installed, the O.R. Data Manager can be configured to import site lists automatically at power-up. For more information on site-configurable lists, see the *PC Prep/View Operator's Manual* and the *System Configuration* section of this manual.

## Section 5 - Operation

### O.R. Data Manager

When you select the Drug Dictionary option, a pop-up window appears listing all the names in the Drug Dictionary.

DRUG ADMINISTRATION	
Use Spacebar to Select Drug(s) from Drug Dictionary:	
<input type="checkbox"/>	acetaminophen
<input type="checkbox"/>	acetazolamide
<input checked="" type="checkbox"/>	adenosine
<input type="checkbox"/>	albuterol
<input type="checkbox"/>	alfentanil
<input type="checkbox"/>	aminocaproic acid
<input type="checkbox"/>	aminophylline
<input type="checkbox"/>	amiodarone
<input type="checkbox"/>	amiodarone
<input type="checkbox"/>	amoxicillin
<input type="checkbox"/>	amphotericin B
<input type="checkbox"/>	ampicillin
<input type="checkbox"/>	amrinone
ENTER	PG DWN PG UP SEARCH CLEAR ESCAPE 1 tagged

If the system is configured in the Single Entry format (see **System Configuration**), the pop-up menu will always appear in the Single Entry format. If the Pick List format was chosen in the configuration options, the Drug Dictionary display will always be in the Pick List format.

Select drugs using the procedures described earlier in this section under **General Operation** and **Pop-up Menus**.

The units specified in the Drug Dictionary will automatically be entered when the drug is selected.

#### Auto Drug Dictionary Option

If the Auto Drug Dictionary option is enabled on the Configuration Options subscreen (see **System Configuration**), the O.R. Data Manager will complete the drug name automatically as soon as the user enters a string (from the keyboard) that uniquely identifies a drug in the Drug Dictionary.

If the drug name is in the drug template, the units and route specified in the drug template will also be automatically entered. Otherwise, the units from the Drug Dictionary will be automatically entered. (The Drug Dictionary does not contain routes.)

This feature is useful for ensuring that drug names are spelled correctly and are consistent from record to record.

## Section 5 - Operation

### O.R. Data Manager

#### Entering/Editing Drug Dosage

You can enter dosage via the keyboard simply by typing it in, or you can select it from a pop-up numeric keypad.

To enter the dosage using the pop-up numeric keypad:

1. Move the cursor to the desired drug dose cell.
2. Press the Datagrip trigger or the SELECT ENTRY key to display a pop-up numeric keypad used to enter dosage amounts.

DRUG ADMINISTRATION						
NO.	TIME	DRUG NAME	DOSE	UNITS	ROUTE	TOTAL
1	10:30	labetalol		10	JC	10.0
2	10:31	protamine			JC	20.0
3	10:33	protamine	1	2	3	40.0
4	10:33	pancuronium			JP	2.00
5	10:34	sufentanil			JC	100
6	10:35	morphine IV	4	5	6	12.0
7	10:36	midazolam			JP	2.00
8	10:37	sufentanil	7	8	9	160
9	10:38	morphine IV			JC	14.0
10	10:42		0	.	ENTER	
			<-	CLEAR	ESCAPE	

3. Highlight a number using the Datagrip thumbwheel or the cursor keys, and press the Datagrip trigger or the ENTER key. The selected number will appear in the highlighted box at the top of the numeric keypad.
4. Continue entering numbers in this manner until the proper dosage is displayed. Then highlight the box in the keypad marked ENTER, and press the Datagrip trigger or the ENTER key. The specified dosage is inserted in the DOSE cell, and the pop-up numeric keypad is removed from the screen.

If you make a mistake while selecting numbers from the keypad, use the backspace option in the table (<-) to delete the last number selected, or the CLEAR option to remove all numbers selected thus far. The ESCAPE option removes the numeric keypad from the screen without making any changes.

## Section 5 - Operation

### O.R. Data Manager

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#### Selecting Units of Measure

You can enter units of measure directly from the keyboard or from a pop-up menu. The content of the units pop-up menu is site-configurable. If no site-configured units list exists, a default menu will appear.

To select units of measure from the pop-up menu:

1. Move the cursor to the desired cell in the UNITS column.
2. Press the SELECT ENTRY key or the Datagrip trigger to invoke the pop-up menu, which contains the list of units of measure.
3. Make the desired selection according to the procedures described earlier in this section under **General Operation** and **Pop-up Menus**.

DRUG ADMINISTRATION	
Select units:	
a. %	
b. L/min	
c. cc	
d. cc/min	
e. gm	
f. mg	
g. ml	
h. ug	
i. ug/kg/m	
j. units	
k. --	
SEARCH ESCAPE	

## Section 5 - Operation

### O.R. Data Manager

---

#### Selecting Route

The route of administration for each drug can be entered from the keyboard, or it can be selected from a pop-up menu when the cursor is positioned on the ROUTE column. The contents of the routes pop-up menu is site-configurable. If no site-configured routes list exists, a default menu will appear.

To make the selection:

1. Move the cursor to the desired cell in the ROUTE column.
2. Press the SELECT ENTRY key or the Datagrip trigger to invoke the pop-up menu, which contains the route list.
3. Make the desired selection according to the procedures described earlier in this section under **General Operation** and **Pop-up Menus**.

DRUG ADMINISTRATION	
Select route:	
a. EPID	
b. IM	
c. NAS	
d. INTRC	
e. IV	
f. PO	
g. PR	
h. SAB	
i. SC	
j. SL	
k. TOP	
SEARCH ESCAPE	

## Section 5 - Operation O.R. Data Manager

### Editing Data

The Edit Mode allows editing of selected cells in the Drug Administration screen. You can edit any cell except the Total fields, time fields, sequence No. or blank fields. Refer to **General Operation**, Edit Mode for use of the edit window.

### Deleting an Entry

To delete an entry:

1. Move the cursor to any cell in the line to be deleted.
2. Press DELETE ENTRY. A prompt appears on the screen to confirm the deletion.

DRUG ADMINISTRATION

NO.	TIME	DRUG NAME	DOSE	UNITS	ROUTE	TOTAL	
1	10:30	labetalol	10	mg	INUC	10.0	*
2	10:31	protamine	20	mg	INUC	20.0	↔ MENU
3	10:33	protamine	20	mg	IM	40.0	*
4	10:33	pancuronium	2	mg	INUP	2.00	*
5	10:34	sufentanil	100	mcg	INUC	100	
6	10:35	Delete 10:31 protamine 20 mg INUC ? (Y/N) <input type="checkbox"/>					
7	10:36						
8	10:37						
9	10:38	morphine IV	2	mg	INUC	14.0	*
10	10:44						

- To delete the data from the screen and the disk, press the Y key, or rotate the thumbwheel to display Y and press the Datagrip trigger.
- To cancel the DELETE ENTRY request, press N or any key other than Y, or rotate the thumbwheel to display N and press the Datagrip trigger.

If you do not respond within 30 seconds, nothing is deleted and the message is removed from the screen.

## Section 5 - Operation

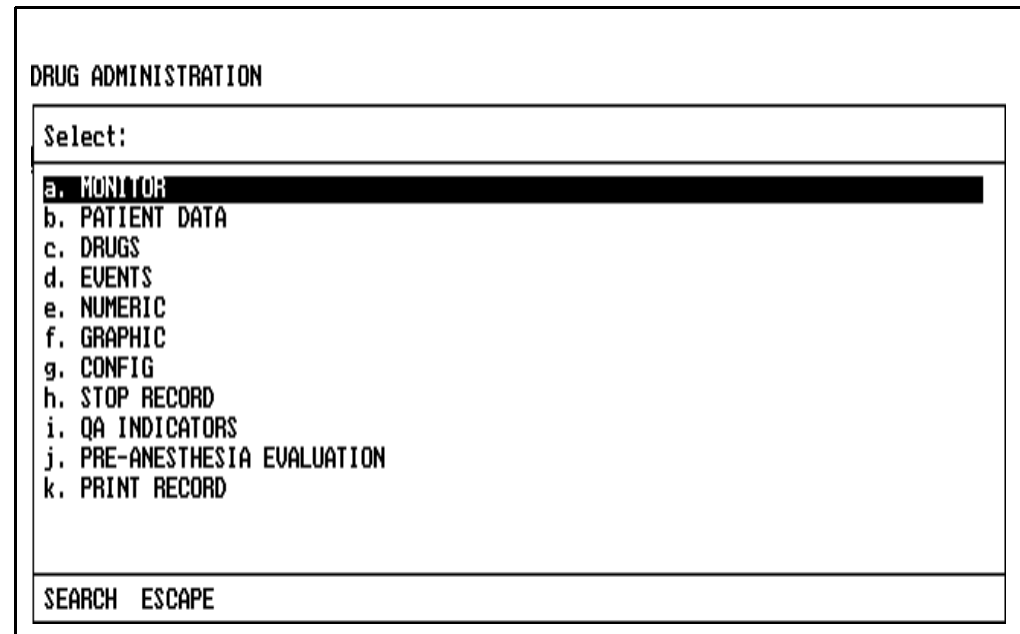
### O.R. Data Manager

---

Displaying the  
O.R. Data  
Manager Screen  
Menu

To display the O. R. Data Manager screen menu:

1. Move the cursor to the MENU button at the right of the Drug Administration screen.
2. Press the Datagrip trigger or the SELECT ENTRY key to bring up the menu.



This menu allows entry into other screens, and the STOP RECORD option allows you to stop recording.

Make the desired selection using the procedures described earlier in this section under **General Operation** and **Pop-up Menus**.

Exiting the  
Screen

To exit the Drug Administration screen, press any of the other Screen keys, or use the Datagrip to select any other option from the O.R. Data Manager screen menu.



## Section 5 - Operation

### O.R. Data Manager

#### O.R. Event Record Screen

The O.R. Event Record screen is used to enter, edit, and view the record of events. Each entry shows the sequence number, time of the event, and a description of the event.

Event information is cleared from memory at the start of a case.

#### Selecting the Screen

To enter the O.R. Event Record screen, press the EVENTS key, or use the Datagrip to select EVENTS from the O.R. Data Manager screen menu.

When the screen is displayed, the cursor appears under the EVENT column in the blank cell below the last entry, unless the last entry is STAT EVENT or ARTIFACT. If the last entry is STAT EVENT or ARTIFACT, the cursor will appear on that line.

The arrow symbol (either  $\leftrightarrow$  or  $\updownarrow$ ) at the right of the screen indicates the direction the cursor will move when you turn the Datagrip thumbwheel. The  $\leftrightarrow$  indicator means you can move the cursor left and right, while the  $\updownarrow$  indicator means you can move the cursor up and down. When in vertical mode, the entire line is highlighted to aid readability. To switch between horizontal and vertical movement, position the cursor on the direction indicator, and press the Datagrip trigger or the SELECT ENTRY key.

O.R. EVENT RECORD		
NO.	TIME	EVENT
1	11:24	Start of Anesthesia Care
2	11:34	Patient enters OR
3	11:44	Start of Anesthesia Delivery
4	11:49	Start of Surgery
5	11:42	

$\leftrightarrow$

## Section 5 - Operation

### O.R. Data Manager

---

#### Entering/Editing Data

The sequence number is automatically placed in the NO. column. Sequence numbers cannot be edited.

The current time is automatically placed in the TIME column. In the blank set of cells (at the bottom), the time is displayed and continually updated until you enter an event. When you make an entry, the current time automatically becomes the time of the entry. The time can be changed for any entry by moving the cursor into the hour and minute columns and typing the new time. You can also change the time by pressing the SELECT ENTRY key or the Datagrip trigger when in the hour and minute columns. A box will appear around the current time entry. You can then use the arrow keys or the Datagrip thumbwheel to change the time entries by one-minute increments.

If a time entered for an event seems inconsistent with the rest of the data, the message "Suspicious Entry Time!!" appears on the screen. This message is displayed if the time entered is more than one hour before recording was started, or more than 15 hours after that time.

If the time for any event entry is altered, the change is reflected on both the O.R. Event Record screen and the Graphic History screen.

The phrase STAT EVENT may appear in the EVENT column. If it does, it indicates that the STAT EVENT key was pressed during the case. You can edit a STAT EVENT entry to show the actual event that occurred at that time.

The word ARTIFACT may also appear in the EVENT column. If it does, it indicates that the ARTIFACT key was pressed during the case. You can edit an ARTIFACT entry to describe the event that occurred at that time. The time entered for an ARTIFACT cannot be before the time that the START/STOP RECORD button was pressed.

If any edited data alters the time sequence, the entries initially appear to be out of sequence. To redisplay the entries in proper time sequence, exit the O.R. Event Record screen, then reenter it.

## Section 5 - Operation O.R. Data Manager

---

Depending upon the system configuration (see **System Configuration**), if a data value is received over VITALINK that exceeds its scale in the Graphic History Screen, an event will be automatically logged in the O.R. Event Record. The event will indicate the time, the variable name, and the value. If you are entering or editing an event when an out-of-bounds value is logged, your entry will be aborted so that the out-of-bounds value can be noted immediately.

You can enter a maximum of 98 events in the O.R. Event Record Screen.

### Automatically Entered Events

Certain events can be automatically entered at the start and end of a case at specific offsets (in minutes) from when the START/STOP RECORD button was pressed. For Start Case, these events are:

1. Start of Anesthesia Care
2. Patient enters OR
3. Start of Anesthesia Delivery
4. Start of Surgery

For Stop Case, the events are:

1. End of Anesthesia Care
2. Patient exits OR
3. End of Anesthesia Delivery
4. End of Surgery
5. PACU vitals

The configuration of which events are automatically entered and their time offsets is done through the CliniDAS System Configuration screen. If the user does not configure these events, all of the events will appear on the record with the following offsets:

<u>Event</u>	<u>Offset</u> (minutes)
Start of Anesthesia Care	-10
Patient enters OR	0
Start of Anesthesia Delivery	10
Start of Surgery	15

## Section 5 - Operation

### O.R. Data Manager

---

End of Surgery	-15
End of Anesthesia Delivery	-10
Patient exits OR	0
End of Anesthesia Care	10
PACU vitals	10

For more information on automatically entered events, see the *CliniDAS Administrator's Guide*.

Selecting  
Submenus from  
the O.R. EVENT  
RECORD Pop-Up  
Menu

As an alternative to typing events, you can select them from a set of submenus that are accessed through the main Event menu shown below.

To display the main Event menu:

1. Move the cursor to the desired cell in the EVENT column.
2. Press the SELECT ENTRY key or the Datagrip trigger. This displays the main Event pop-up menu, which contains a list of submenus.
3. To select a submenu, use the procedures outlined earlier in this section under **Pop-up Menus**.

O.R. EVENT RECORD

---

Select submenu:

- a. **START/STOP TIMES**
- b. INTUBATION
- c. PATIENT POSITION
- d. BILLABLE ITEMS
- e. MISCELLANEOUS
- x. EVENT TEMPLATE
- y. QA INDICATORS

---

SEARCH   ESCAPE   DICT

## Section 5 - Operation O.R. Data Manager

---

### Event Selection Method (for all submenus)

If the system is configured in the Single Entry format (see **System Configuration**), the submenus will always appear in the Single Entry format.

If the Pick List format was chosen in the configuration options, the Event submenus are always displayed in the Pick List format.

Select events from the submenus using the procedures described earlier in this section under **Pop-up Menus**.

### Using the Events Dictionary

The Events Dictionary is accessed by making the DICT selection at the bottom of the main Event menu.

When you select the Events Dictionary option, a pop-up window appears listing all the events from all the submenus.

If the system is configured in the Single Entry format (see **System Configuration**), the pop-up menu will always appear in the Single Entry format.

If the Pick List format was chosen in the configuration options, the Events Dictionary display will always be in the Pick List format.

Select events from the Events Dictionary using the procedures described earlier in this section under **Pop-up Menus**.

## Section 5 - Operation

### O.R. Data Manager

---

Selecting from the  
START/STOP  
TIMES Submenu

When START/STOP TIMES is selected from the main Event menu, the following submenu appears:

O.R. EVENT RECORD	
Use Spacebar to Select Event(s):	
a. <input checked="" type="checkbox"/>	Pre-use Checkout
b. <input type="checkbox"/>	Start of Anesthesia Care
c. <input type="checkbox"/>	Patient enters OR
d. <input type="checkbox"/>	Start of Anesthesia Delivery
e. <input type="checkbox"/>	Start of Surgery
f. <input type="checkbox"/>	End of Surgery
g. <input type="checkbox"/>	End of Anesthesia Delivery
h. <input type="checkbox"/>	Patient exits OR
i. <input type="checkbox"/>	End of Anesthesia Care
ENTER    SEARCH    CLEAR    ESCAPE    TAGALL	
1    tagged	

Select an item using the procedures described earlier in this section under **General Operation** and **Pop-up Menus**.

## Section 5 - Operation

### O.R. Data Manager

Selecting from the  
INTUBATION  
Submenu

When INTUBATION is selected from the main Event menu, a user configurable (or default) list appears:

O.R. EVENT RECORD

---

Use Spacebar to Select Event(s):

a.	[X]	Smooth intubation			
b.	[ ]	Intubation: Oral	Blade #N	Tube #M, Type XXX	Smooth
c.	[ ]	Intubation: Nasal Right	Blade #N	Tube #M, Type XXX	Smooth
d.	[ ]	Intubation: Nasal Left	Blade #N	Tube #M, Type XXX	Smooth
e.	[ ]	Intubation: Oral	Blade #N	Tube #M, Type XXX	Difficult
f.	[ ]	Intubation: Nasal Right	Blade #N	Tube #M, Type XXX	Difficult
g.	[ ]	Intubation: Nasal Left	Blade #N	Tube #M, Type XXX	Difficult
h.	[ ]	Difficult intubation			
i.	[ ]	Atraumatic intubation			
j.	[ ]	Traumatic intubation			
k.	[ ]	Intubation: Breath sounds equivalent bilateral			
l.	[ ]	Intubation			

---

ENTER   SEARCH   CLEAR   ESCAPE   TAGALL
1   tagged

Select an item using the procedures described earlier in this section under **General Operation** and **Pop-up Menus**.

The content of the submenu is site-configurable. The menu list is configured using the PC Prep/View software program and is later installed using the O.R. Data Manager Import Site Lists function. If a network system is installed, the O.R. Data Manager can be configured to import site lists automatically at power-up. For more information on site-configurable lists, see the *PC Prep/View Operator's Manual* and the *System Configuration* section of this manual.

If no site-configured INTUBATION list exists, a default menu will appear.

## Section 5 - Operation

### O.R. Data Manager

---

Selecting from the  
PATIENT  
POSITION  
Submenu

When PATIENT POSITION is selected from the main Event menu, a user configurable (or default) list appears:

O.R. EVENT RECORD	
Use Spacebar to Select Event(s):	
a. <input checked="" type="checkbox"/>	Patient positioned
b. <input type="checkbox"/>	Patient positioned Prone
c. <input type="checkbox"/>	Patient positioned Supine
d. <input type="checkbox"/>	Patient positioned Trendelenburg
e. <input type="checkbox"/>	Patient positioned Jack Knife
f. <input type="checkbox"/>	Patient positioned Reverse Trendelenburg
g. <input type="checkbox"/>	Patient positioned Left Lateral
h. <input type="checkbox"/>	Patient positioned Right Lateral
i. <input type="checkbox"/>	Patient positioned Lithotomy
j. <input type="checkbox"/>	Patient positioned Sitting
k. <input type="checkbox"/>	Patient positioned Flexion
l. <input type="checkbox"/>	Patient positioned Kidney rest up
m. <input type="checkbox"/>	Patient returned to Supine
ENTER    SEARCH    CLEAR    ESCAPE    TAGALL	
1 tagged	

Select an item using the procedures described earlier in this section under **General Operation** and **Pop-up Menus**.

The content of the submenu is site-configurable. The menu list is configured using the PC Prep/View software program and is later installed using the O.R. Data Manager Import Site Lists function. If a network system is installed, the O.R. Data Manager can be configured to import site lists automatically at power-up. For more information on site-configurable lists, see the *PC Prep/View Operator's Manual* and the *System Configuration* section of this manual.

If no site-configured PATIENT POSITION list exists, a default menu will appear.



## Section 5 - Operation

### O.R. Data Manager

Selecting from the  
BILLABLE ITEMS  
Submenu

When BILLABLE ITEMS is selected from the main Event menu, a user configurable (or default) list appears:

O.R. EVENT RECORD	
Use Spacebar to Select Event(s):	
a. <input type="checkbox"/>	CVP
b. <input type="checkbox"/>	Arterial line
c. <input type="checkbox"/>	Fluid warmer
d. <input type="checkbox"/>	Swan-Ganz
e. <input checked="" type="checkbox"/>	Humidifier
f. <input type="checkbox"/>	Nerve stimulator
g. <input type="checkbox"/>	NG Tube
h. <input type="checkbox"/>	Warming blanket
ENTER   SEARCH   CLEAR   ESCAPE   TAGALL   1   tagged	

Select an item using the procedures described earlier in this section under **General Operation** and **Pop-up Menus**.

The content of the submenu is site-configurable. The menu list is configured using the PC Prep/View software program and is later installed using the O.R. Data Manager Import Site Lists function. If a network system is installed, the O.R. Data Manager can be configured to import site lists automatically at power-up. For more information on site-configurable lists, see the *PC Prep/View Operator's Manual* and the *System Configuration* section of this manual.

If no site-configured BILLABLE ITEMS list exists, a default menu will appear.

## Section 5 - Operation

### O.R. Data Manager

---

Selecting from the  
MISCELLANEOUS  
Submenu

When MISCELLANEOUS is selected from the main Event menu, a user configurable (or default) list appears:

O.R. EVENT RECORD	
Use Spacebar to Select Event(s):	
a. <input checked="" type="checkbox"/> Eyes taped b. <input type="checkbox"/> Anesthetist relieved by: c. <input type="checkbox"/> Tourniquet up d. <input type="checkbox"/> Tourniquet down e. <input type="checkbox"/> Surgeon notified of tourniquet time f. <input type="checkbox"/> ETT placed at 22 cm and taped at lips g. <input checked="" type="checkbox"/> Mask induction h. <input type="checkbox"/> IV induction i. <input type="checkbox"/> Rapid sequence induction j. <input type="checkbox"/> Patient suctioned k. <input type="checkbox"/> Patient extubated l. <input type="checkbox"/> IV started in left arm m. <input type="checkbox"/> IV started in right arm	
ENTER	PG DWN PG UP SEARCH CLEAR ESCAPE TAGALL 2 tagged

Select an item using the procedures described earlier in this section under **General Operation** and **Pop-up Menus**.

The content of the submenu is site-configurable. The menu list is configured using the PC Prep/View software program and is later installed using the O.R. Data Manager Import Site Lists function. If a network system is installed, the O.R. Data Manager can be configured to import site lists automatically at power-up. For more information on site-configurable lists, see the *PC Prep/View Operator's Manual* and the *System Configuration* section of this manual.

If no site-configured MISCELLANEOUS list exists, a default menu will appear.

## Section 5 - Operation

### O.R. Data Manager

---

Selecting from the  
EVENT  
TEMPLATE  
Submenu

When EVENT TEMPLATE is selected from the main Event menu, a template selected by the user appears:

O.R. EVENT RECORD	
Use Spacebar to Select Event(s):	
a. <input checked="" type="checkbox"/>	Patient to PACU with vital signs stable
b. <input type="checkbox"/>	Patient responsive
c. <input type="checkbox"/>	Patient unconscious
d. <input type="checkbox"/>	Patient awake
e. <input type="checkbox"/>	Patient to PACU with spontaneous respirations
f. <input type="checkbox"/>	Surgeon requests BP
g. <input type="checkbox"/>	Patient on Bypass
h. <input type="checkbox"/>	Patient off Bypass
i. <input type="checkbox"/>	Blood Gas Sample sent to lab
ENTER   SEARCH   CLEAR   ESCAPE   TAGALL   1   tagged	

Select an item using the procedures described earlier in this section under **General Operation** and **Pop-up Menus**.

The O.R. Data Manager loads the Event Template selected by the user. If no Event Template was specified, the O.R. Data Manager automatically loads a default event template from its hard drive.

For instructions on creating and editing a template, see the *PC Prep/View Operator's Manual*.

## Section 5 - Operation

### O.R. Data Manager

---

**Editing Data**      The Edit Mode allows editing of any nonblank event description cell in the O.R. Event Record screen. Refer to **General Operation**, Edit Mode for use of the edit window.

**Deleting an Entry**      To delete an entry:

1. Move the cursor to any cell in the event entry to be deleted.
2. Press DELETE ENTRY. A prompt appears on the screen to confirm the deletion.

O.R. EVENT RECORD

NO.	TIME	EVENT
1	11:24	Start of Anesthesia Care
2	11:34	Patient enters OR
3	11:44	Start of Anesthesia Delivery
4	11:49	Start of Surgery
5	11:44	

Delete 11:49 Start of Surgery ? (Y/N) ☐

- To delete the data from the screen and disk, press the Y key, or rotate the thumbwheel to display Y and press the Datagrip trigger.
- To cancel the DELETE ENTRY request, press N or any key other than Y, or rotate the thumbwheel to display N and press the Datagrip trigger.

If you do not respond within 30 seconds, nothing is deleted; the message is removed from the screen.

## Section 5 - Operation

### O.R. Data Manager

---

Displaying the  
O.R. Data  
Manager Screen  
Menu

To display the O. R. Data Manager screen menu:

1. Move the cursor to the M at the right of the O.R. Event Record screen.
2. Press the Datagrip trigger or the SELECT ENTRY key to bring up the menu.

O.R. EVENT RECORD

Select:

- a. MONITOR
- b. PATIENT DATA
- c. DRUGS
- d. EVENTS
- e. NUMERIC
- f. GRAPHIC
- g. CONFIG
- h. STOP RECORD
- i. QA INDICATORS
- j. PRE-ANESTHESIA EVALUATION
- k. PRINT RECORD

SEARCH ESCAPE

This menu allows entry into other screens, and the STOP RECORD option allows you to stop recording.

Make the desired selection by using the procedures described earlier in this section under **General Operation** and **Pop-up Menus**.

Exiting the  
Screen

To exit the O.R. Event Record screen, press any of the other Screen keys, or use the Datagrip to select any other option from the O.R. Data Manager screen menu.

## Section 5 - Operation

### O.R. Data Manager

---

<b>QA Indicators</b>	The QA Indicators screen provides a method of separately recording untoward events that may occur during a case. These events are not part of the printed anesthesia record.
Selecting the QA Indicators Screen	The QA Indicators screen can be selected from the O.R. Data Manager Screen Menu by typing its key letter or highlighting QA INDICATORS and pressing the ENTER key or the Datagrip trigger.

Select:
a. MONITOR
b. PATIENT DATA
c. DRUGS
d. EVENTS
e. NUMERIC
f. GRAPHIC
g. CONFIG
h. STOP RECORD
<b>i. QA INDICATORS</b>
j. PRE-ANESTHESIA EVALUATION
k. PRINT RECORD
SEARCH    ESCAPE

In addition to selecting from the O.R. Data Manager Screen Menu, the QA Indicators screen can also be selected from the Event main menu, or it can be selected at any time by pressing the key combination ALT-Q.

## Section 5 - Operation O.R. Data Manager

---

QA INDICATORS

DESCRIPTION	SEVERITY	LOCATION	
			↔ MENU

### Entering data

Entries are made by selecting from pop-up menus that are accessed from each of the three data fields. The Severity field can also be entered from the keyboard. None of the fields can be edited.

The content of the Description and Location pop-up menus is site-configurable for QA purposes. If no site-configured list exists, default menus will appear.

## Section 5 - Operation

### O.R. Data Manager

---

Selecting QA  
CATEGORY

With the cursor in the DESCRIPTION field, press the SELECT ENTRY key or the Datagrip trigger. A user-configurable (or default) submenu appears:

QA INDICATORS	
Select QA Category	
a. Airway	
b. Cardio-vascular	
c. Discharge Planning	
d. Respiratory	
e. Neurological	
f. Regional	
g. Miscellaneous	
SEARCH    ESCAPE	

The content of the submenu is site-configurable. The menu list is configured using the PC Prep/View software program and is later installed using the O.R. Data Manager Import Site Lists function. If a network system is installed, the O.R. Data Manager can be configured to import site lists automatically at power-up. For more information on site-configurable lists, see the *PC Prep/View Operator's Manual* and the *System Configuration* section of this manual.



## Section 5 - Operation O.R. Data Manager

---

To select a category, use the procedures described under **Pop-up Menus**. Selection of a category causes a second user-configurable (or default) list to appear that provides a list of choices within the category.

QA INDICATORS	
Select QA Indicator	
a.	Chipped tooth/loosened tooth
b.	Stridor, Laryngospasm, Obstruction
c.	Failed rapid sequence induction
d.	Nose bleed/other trauma of airway
e.	Inability to intubate as planned
f.	Esophageal intubation
g.	Lip trauma
h.	Accidental extubation
SEARCH    ESCAPE	

The content of the list is site-configurable. The menu list is configured using the PC Prep/View software program and is later installed using the O.R. Data Manager Import Site Lists function. If a network system is installed, the O.R. Data Manager can be configured to import site lists automatically at power-up. For more information on site-configurable lists, see the *PC Prep/View Operator's Manual* and the *System Configuration* section of this manual.

## Section 5 - Operation

### O.R. Data Manager

---

To make a selection from the list, use the procedures described under **Pop-up Menus**.

Selecting  
SEVERITY

Move the cursor to the SEVERITY field, press the SELECT ENTRY key or the Datagrip trigger. The following submenu appears:

QA INDICATORS	
Select Severity Level	
0. 0	
1. 1	
2. 2	
3. 3	
4. 4	
5. 5	
6. 6	
7. 7	
8. 8	
9. 9	
No change in patient's hospital course; no reversible or permanent damage	
PG DWN PG UP SEARCH ESCAPE	

To make a selection, use the procedures described under **Pop-up Menus**.

The Severity field can also be manually entered using the keyboard. Only the values 0 through 10 will be accepted for this field.

## Section 5 - Operation O.R. Data Manager

Selecting  
LOCATION

Move the cursor to the LOCATION field, press the SELECT ENTRY key or the Datagrip trigger. A user configurable list appears:

QA INDICATORS

Select location

- a. OR
- b. RR
- c. SDS
- d. 72hr

SEARCH    ESCAPE

The content of the list is site-configurable. The menu list is configured using the PC Prep/View software program and is later installed using the O.R. Data Manager Import Site Lists function. If a network system is installed, the O.R. Data Manager can be configured to import site lists automatically at power-up. For more information on site-configurable lists, see the *PC Prep/View Operator's Manual* and the *System Configuration* section of this manual.

To make a selection, use the procedures described earlier in this section under **Pop-up Menus**.

Exiting the screen

To exit the QA Indicators screen, press any of the other screen keys or use the Datagrip to select any other option from the O.R. Data Manager screen menu.

## Section 5 - Operation

### O.R. Data Manager

---

#### Numeric Data Screen

The Numeric Data screen is divided into two sections. The upper portion of the screen displays information that is detected by the host anesthesia system. This information cannot be edited. The items displayed can be configured as described in **System Configuration**. If not specifically configured, the following default list of items will appear:

- Inspiratory oxygen concentration (Fi O<sub>2</sub>)
- Inspiratory nitrous-oxide concentration (Fi N<sub>2</sub>O)  
(Displayed only if connected to a host machine with a MULTISPEC or a Vitalert 3000 Series monitor with a gas analyzer)
- Inspiratory anesthetic agent concentration (Agent, Enflurane, Isoflurane, Halothane, Sevoflurane, Desflurane)  
(Displayed only if connected to a host machine with a MULTISPEC or a Vitalert 3000 Series monitor with a gas analyzer)
- End-tidal carbon dioxide (ET-CO<sub>2</sub>)  
(Displayed only if connected to a host machine with a MULTISPEC or Capnomed, or a Vitalert 3000 Series monitor with a gas analyzer)
- Peak inspiratory pressure (P.I.P)
- Mean central venous pressure (CVP)
- Tidal volume (Tidal Vol)

The lower portion of the screen contains a record of patient flows and fluids. This information, which is entered through the keyboard or the Datagrip, can be edited.

For ease of data entry, the names and units in the lower portion of the screen can be initialized to default values from a site list at the start of the case. The site list can contain items from the Numeric Items List and/or the Drug Dictionary. These items will always appear in the Numeric Data screen and on the printed anesthesia record. Site lists are configured using the PC Prep/View software program and are later installed using the O.R. Data Manager Import Site Lists function. If a network system is installed, the O.R. Data Manager can be configured to import site lists automatically at power-up. For more information on site-configurable lists, see the *PC Prep/View Operator's Manual* and the *System Configuration* section of this manual.

## Section 5 - Operation

### O.R. Data Manager

Both portions of the screen share a common time line, which appears along the top of the screen. The time line is displayed in either 5 minute or 15 minute intervals, as specified at the start of the case or on the Configure Numeric Screen subscreen (see **System Configuration**). A maximum of 1 hour and 45 minutes of information can be displayed on the screen at one time. The current time is displayed in the upper right corner of the screen.

Each data value in the upper portion of the numeric screen (and on the printed anesthesia record) is a continuously updated median of the last 11 values taken over approximately 22 seconds.

All numeric item information is cleared from memory at the start of a case.

#### Selecting the Screen

To enter the Numeric screen, press the NUMERIC key, or use the Datagrip to select NUMERIC from the O.R. Data Manager screen menu.

The arrow symbol (either  $\leftrightarrow$  or  $\updownarrow$ ) at the right of the screen indicates the direction the cursor will move when you turn the Datagrip thumbwheel. The  $\leftrightarrow$  indicator means you can move the cursor left and right, while the  $\updownarrow$  indicator means you can move the cursor up and down. In the vertical mode, the entire line is highlighted for readability. To switch between horizontal and vertical movement, position the cursor on the direction indicator, and press the Datagrip trigger or the SELECT ENTRY key.

										14:44
NUMERIC DATA										
NAME	UNITS	14:15	14:20	14:25	14:30	14:35	14:40	14:45	14:50	
Fi O2	%	37	—	—	—	37	37	—	—	
Fi N2O	%	15	—	—	—	15	15	—	—	
Insp ISO	%	0.1	—	—	—	0.1	0.1	—	—	
ET-CO2	mm Hg	35	—	—	—	35	35	—	—	
P.I.P.	cm H2O	33	—	—	—	33	33	—	—	
CVP Mean	mm Hg	50	—	—	—	50	50	—	—	
Tidal Vol	L	0.52	—	—	—	0.52	0.52	—	—	
Blood	cc	—	100	150	100	—	—	—	—	TOTAL
Normal Saline	cc	—	—	—	—	—	—	—	—	350.0
Ringers Lactate	cc	—	—	350	—	—	—	—	—	0.0
Est. blood loss	cc	—	—	150	—	—	—	—	—	350.0
ECG	--	—	—	—	—	—	—	—	—	150.0
		—	—	—	—	—	—	—	—	
		—	—	—	—	—	—	—	—	$\leftrightarrow$ M

## Section 5 - Operation

### O.R. Data Manager

---

#### Selecting Items from the Numeric Items Pop-Up Menu

Numeric items can be typed in from the keyboard or entered from a numeric items pop-up menu. The content of the numeric items pop-up menu is site-configurable.

The numeric items menu is configured using the PC Prep/View software program and is later installed using the O.R. Data Manager Import Site Lists function. If a network system is installed, the O.R. Data Manager can be configured to import site lists automatically at power-up. For more information on site-configurable lists, see the *PC Prep/View Operator's Manual* and the *System Configuration* section of this manual.

If no site-configured numeric items menu exists, a default menu will appear.

To make a selection from the numeric items menu:

1. In the Numeric Data screen, move the cursor into the desired cell under the NAME column.
2. Press the SELECT ENTRY key or the Datagrip trigger to display the pop-up menu that contains the list of numeric items.

11:51	
NUMERIC DATA	
Use Spacebar to Select Numeric Entries:	
a. <input checked="" type="checkbox"/>	Blood
b. <input type="checkbox"/>	Epidural lido
c. <input type="checkbox"/>	Normal Saline
d. <input type="checkbox"/>	Plasmalyte
e. <input type="checkbox"/>	Ringers Lactate
f. <input type="checkbox"/>	Est. blood loss
g. <input type="checkbox"/>	Urine output
h. <input type="checkbox"/>	ECG
x. <input type="checkbox"/>	DRUG TEMPLATE
ENTER    SEARCH    CLEAR    ESCAPE    DICT    1 tagged	

## **Section 5 - Operation O.R. Data Manager**

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If the system is configured in the Single Entry format (see **System Configuration**), the pop-up menu will always appear in the Single Entry format.

If the Pick List format was chosen in the configuration options, the pop-up menu will always appear in the Pick List format.

Selecting an item is described earlier in this section under **General Operation** and **Pop-up Menus**.

When the item is selected, the UNITS column is automatically updated with the units of measure specified in the list.

## Section 5 - Operation

### O.R. Data Manager

---

#### Special Entries

When selecting entries for the Numeric Data screen from a pop-up menu, there is a special entry for DRUG TEMPLATE with key letter "x". Typing "x" or selecting the Drug Template entry will immediately bring up the Drug Template for making drug selection(s).

15:16	
NUMERIC DATA	
Use Spacebar to Select Numeric Entries:	
a. <input type="checkbox"/>	Blood
b. <input type="checkbox"/>	Epidural lido
c. <input type="checkbox"/>	Normal Saline
d. <input type="checkbox"/>	Plasmalyte
e. <input type="checkbox"/>	Ringers Lactate
f. <input type="checkbox"/>	Est. blood loss
g. <input type="checkbox"/>	Urine output
h. <input type="checkbox"/>	ECG
x. <input type="checkbox"/>	DRUG TEMPLATE
ENTER	SEARCH CLEAR ESCAPE TAGALL DICT
0 tagged	

If any menu selections were made before selecting the drug template, those entries will be deselected.



## Section 5 - Operation

### O.R. Data Manager

#### Selecting Numeric Items from the Drug Template

The last item in the numeric items pop-up menu is the Drug Template.

To invoke the Drug Template, press the "x" key letter, or highlight the option and press the spacebar or the Datagrip trigger. The O.R. Data Manager will load the Drug Template specified earlier in the case. If no Drug Template was specified, the O.R. Data Manager will automatically load a default drug template from its hard drive.

For instructions on creating and editing drug templates, refer to the *PC Prep/View Operator's Manual*.

If the system is configured in the Single Entry format (see **System Configuration**), the pop-up menu will always appear in the Single Entry format.

If the Pick List format was chosen in the configuration options, the Drug Template will appear in Pick List format as shown:

11:45	
NUMERIC DATA	
Use Spacebar to Select Numeric Entries from Drug Template:	
a. <input checked="" type="checkbox"/> alfentanil	
b. <input type="checkbox"/> atracurium	
c. <input checked="" type="checkbox"/> atropine	
d. <input checked="" type="checkbox"/> cefazolin	
e. <input type="checkbox"/> fentanyl	
f. <input type="checkbox"/> glycopyrrolate	
g. <input type="checkbox"/> ketorolac	
h. <input type="checkbox"/> lidocaine	
i. <input type="checkbox"/> midazolam	
j. <input type="checkbox"/> morphine	
k. <input type="checkbox"/> neostigmine	
l. <input type="checkbox"/> pancuronium	
m. <input type="checkbox"/> propofol	
ENTER	PG DWN PG UP SEARCH CLEAR ESCAPE DICT 3 tagged

## Section 5 - Operation

### O.R. Data Manager

---

Selecting an entry is described earlier in this section under **General Operation** and **Pop-up Menus**.

When the drug is selected, the UNITS column is automatically updated with the units of measure specified in the template.

#### Selecting Drugs from the Drug Dictionary

The Drug Dictionary, which is a list of commonly used drugs and fluids, is accessed by making the DICT selection at the bottom of the drug template screen. The content of the Drug Dictionary is site-configurable. If no site-configured Drug Dictionary exists, a default list will appear.

Lists are configured using the PC Prep/View software program and are later installed using the O.R. Data Manager Import Site Lists function. If a network system is installed, the O.R. Data Manager can be configured to import site lists automatically at power-up. For more information on site-configurable lists, see the *PC Prep/View Operator's Manual* and the *System Configuration* section of this manual.

When you select the Drug Dictionary option, a pop-up window appears listing all the names in the Drug Dictionary.

10:53	
NUMERIC DATA	
Use Spacebar to Select Numeric Entries from Drug Dictionary:	
[X]	acetaminophen
[ ]	acetazolamide
[X]	adenosine
[ ]	albuterol
[ ]	alfentanil
[ ]	aminocaproic acid
[ ]	aminophylline
[ ]	amiodarone
[ ]	amiodarone
[ ]	amoxicillin
[ ]	amphotericin B
[ ]	ampicillin
[ ]	amrinone
ENTER	PG DWN PG UP SEARCH CLEAR ESCAPE 2 tagged

## Section 5 - Operation O.R. Data Manager

---

Selecting an entry is described earlier in this section under **General Operation** and **Pop-up Menus**.

When the drug is selected, the UNITS column is automatically updated with the units of measure specified in the Drug Dictionary.

### Auto Drug Dictionary Option

If the Auto Drug Dictionary option is enabled on the Configuration Options subscreen (see **System Configuration**), the O.R. Data Manager will complete a drug name entered from the keyboard automatically as soon as the user enters a string that uniquely identifies a drug in the Drug Dictionary. If the drug name is in the drug template, the units specified in the drug template will also be automatically entered. Otherwise, the units from the Drug Dictionary will be automatically entered. This feature is useful for ensuring that drug names are spelled correctly and are consistent from record to record.

## Section 5 - Operation

### O.R. Data Manager

---

#### Selecting Units of Measure

You can enter units of measure directly from the keyboard or from a pop-up menu. The content of the units pop-up menu is site-configurable. If no site-configured units list exists, a default menu will appear.

Lists are configured using the PC Prep/View software program and are later installed using the O.R. Data Manager Import Site Lists function. If a network system is installed, the O.R. Data Manager can be configured to import site lists automatically at power-up. For more information on site-configurable lists, see the *PC Prep/View Operator's Manual* and the *System Configuration* section of this manual.

To select units of measure from the pop-up menu:

1. In the Numeric Data screen, move the cursor to the desired cell in the UNITS column.
2. Press the SELECT ENTRY key or the Datagrip trigger to display the pop-up menu, which contains the list of units of measure.
3. To make a selection, use the procedures described under **Pop-up Menus**.

10:55	
NUMERIC DATA	
Select units:	
a. %	
b. L/min	
c. cc	
d. cc/min	
e. gm	
f. mg	
g. ml	
h. ug	
i. ug/kg/m	
j. units	
k. --	
SEARCH ESCAPE	

## Section 5 - Operation

### O.R. Data Manager

#### Entering Numeric Data

You can make numeric entries via the keyboard simply by typing them in, or you can select numbers from a pop-up numeric keypad.

To make numeric entries using the pop-up numeric keypad:

1. In the Numeric Data screen, move the cursor to the desired cell.
2. Press the Datagrip trigger or the SELECT ENTRY key to display a pop-up numeric keypad used to enter numeric amounts.

15:19

**NUMERIC DATA**

NAME	UNITS	14:45				15:10	15:15	15:20	
Fi O2	%	21	150			37			
Fi N2O	%	11	1	2	3	15			
Insp ISO	%	0.0				0.1			
ET-CO2	mm Hg	32	4	5	6	35			
P.I.P.	cm H2O	33				33			
CVP Mean	mm Hg	50				50			
Tidal Vol	L	0.52	7	8	9	0.52			
Blood	cc								TOTAL 0.0 ↔M
Normal Saline	cc		0	.	ENTER				0.0
Ringers Lactate	cc								0.0
Est. blood loss	cc								0.0
ECG	--		<-	CLEAR	ESCAPE				

3. Highlight a number using the Datagrip thumbwheel or the cursor keys, and press the Datagrip trigger or the ENTER key. The selected number will appear in the highlighted box at the top of the numeric keypad.
4. Continue entering numbers in this manner until the proper amount is displayed. Then highlight the box in the keypad marked ENTER, and press the Datagrip trigger or the ENTER key. The specified amount is inserted in the cell, and the pop-up numeric keypad is removed from the screen.

## Section 5 - Operation

### O.R. Data Manager

If you make a mistake while selecting numbers from the keypad, use the backspace option in the table (←) to delete the last number selected, or the CLEAR option to remove all numbers selected thus far. The ESCAPE option removes the numeric keypad from the screen without making any changes.

#### Entering Nonnumeric Data

With the exception of the NAME and UNITS columns, most of the data entered on this screen is numeric. You can, however, enter non-numeric information in this screen. Because the entries in this screen are usually numbers, the first time you attempt to make a non-numeric entry for a given item, a screen prompt confirms that you want to enter non-numeric information in that row.

15:22

NUMERIC DATA

NAME	UNITS	14:50	14:55	15:00	15:05	15:10	15:15	15:20	15:25
Fi O2	%	---	37	---	37	37	---	---	---
Fi N2O	%	---	15	---	15	15	---	---	---
Insp ISO	%	---	0.1	---	0.1	0.1	---	---	---
ET-CO2	mm Hg	---	35	---	35	35	---	---	---
P.I.P.		Non-numeric value OK for this item ? (Y/N) <input checked="" type="checkbox"/> N							
CVP Mean									
Tidal Vol									
Blood	cc	---	---	---	---	---	---	---	TOTAL 0.0
Normal Saline	cc	---	---	---	---	---	---	---	0.0 ↔ M
Ringers Lactate	cc	---	---	---	---	---	---	---	0.0
Est. blood loss	cc	---	---	---	---	---	---	---	0.0
ECG	--	---	---	---	---	---	---	---	---

- To enter non-numeric information, press the Y key, or rotate the thumbwheel to display Y and press the Datagrip trigger.

If non-numeric information is entered, the TOTAL function is automatically disabled for that row.

- If you don't want to enter non-numeric information, press N or any key other than Y, or rotate the thumbwheel to display N and press the Datagrip trigger.

If you do not respond within 30 seconds, nonnumeric information is not accepted for that row, and the message disappears.

## Section 5 - Operation O.R. Data Manager

### Entering ECG Heart Rhythm

If you want to enter data for ECG rhythm, which is always nonnumeric, you can use a pop-up menu. The content of the heart rhythm menu is site-configurable. If no site-configured list exists, a default menu will appear.

Lists are configured using the PC Prep/View software program and are later installed using the O.R. Data Manager Import Site Lists function. If a network system is installed, the O.R. Data Manager can be configured to import site lists automatically at power-up. For more information on site-configurable lists, see the *PC Prep/View Operator's Manual* and the *System Configuration* section of this manual.

The heart rhythm menu can be used if the numeric name is ECG or EKG.

To select heart rhythm from the pop-up menu:

1. In the Numeric Data screen, move the cursor to the desired cell in the ECG or EKG row.
2. Press the SELECT ENTRY key or the Datagrip trigger to display the pop-up menu, which contains the list of heart rhythm choices.
3. To make a selection, use the procedures described under **Pop-up Menus**.

14:45

NUMERIC DATA

Select Heart Rhythm:

a. NSR  
b. SB  
c. ST  
d. RPVC  
e. OPVC  
f. FPVC  
g. AFIB  
h. VFIB  
i. AFLUT  
j. SVT  
k. PAC  
l. 1AUB  
m. 2AUB

PG DWN PG UP SEARCH ESCAPE

## Section 5 - Operation

### O.R. Data Manager

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#### Disabling/ Enabling Totals

There are several options for the Totals displayed in the Numeric Data screen:

- a. Total ON displays the sum of all numeric entries on a line.
- b. Total OFF disables the Total function, leaving the TOTAL column blank for that line.
- c. Last is Total displays the last (latest in time) entry for the item as the total. This supports entering total fluid in or out as entries for given times as opposed to entering incremental differences. For example, the user may be reading a bottle or bag and wish to note that at 10:15 the total was 1000cc, at 10:30 it was 1200cc, etc. In this case, the last entry is the final total.
- d. Manual Total allows a manual entry to be made in the TOTAL column. This is useful when recording rate oriented items such as flows or drips. The user may want to note that at 10:25 a drip of approximately 100 cc/min was started and at the end manually note the exact total.

To select an option:

1. Highlight the TOTAL cell for the desired entry.
2. Press the SELECT ENTRY key or the Datagrip trigger.
3. To make a selection, use the procedures described under **Pop-up Menus**.

If an item is defined in the numeric items list as a physiological variable (i.e. cardiac output), the total for that item will be automatically disabled. If you want to enable the total for an item that was previously designated as nonnumeric, you may do so, provided there is no nonnumeric data present for that item.



## Section 5 - Operation

### O.R. Data Manager

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11:38
NUMERIC DATA
Select total option:
a. Total ON
<b>b. Total OFF</b>
c. Last is Total
d. Manual Total
SEARCH ESCAPE

#### Editing Data

The Edit Mode allows editing of selected cells in the Numeric Data screen. You can edit any cell in the bottom portion of the screen except blank fields. The TOTAL field can be edited only if the Total option is set to Manual. Refer to **General Operation**, Edit Mode for use of the edit window.

## Section 5 - Operation

### O.R. Data Manager

Deleting an Entry To delete a single entry in a line:

1. Move to the cell to be deleted (it can be any of the entries in the time columns from the bottom portion of the screen).
2. Press DELETE ENTRY. A query appears on the screen to confirm the deletion.

15:23

NUMERIC DATA

NAME	UNITS	14:50	14:55	15:00	15:05	15:10	15:15	15:20	15:25
Fi O2	%	---	37	---	37	37	---	---	---
Fi N2O	%	---	15	---	15	15	---	---	---
Insp ISO	%	---	0.1	---	0.1	0.1	---	---	---
ET-CO2	mm Hg	---	35	---	35	35	---	---	---
P.I.P.									
CVP Mean									
Tidal Vol									
Blood	cc	---	---	---	---	---	---	---	0.0
Normal Saline	cc	---	---	---	---	---	---	---	0.0
Ringers Lactate	cc	---	---	350	---	---	---	---	0.0 ↔M
Est. blood loss	cc	---	---	---	---	---	---	---	0.0
ECG	--	---	---	---	---	---	---	---	---

Delete Ringers Lactate 350 cc at 15:00 ? (Y/N) ☐

- To delete the data from the screen and disk, press the Y key, or rotate the thumbwheel to display Y and press the Datagrip trigger.
- To cancel the DELETE ENTRY request, press N or any key other than Y, or rotate the thumbwheel to display N and press the Datagrip trigger.

If you do not respond within 30 seconds, nothing is deleted; the message is removed from the screen.

## Section 5 - Operation

### O.R. Data Manager

Deleting All  
Entries in a Line

To delete **all** entries in a line:

1. Move to the NAME or UNITS column in the line to be deleted.
2. Press DELETE ENTRY. A query appears on the screen to confirm the deletion.

15:24

NUMERIC DATA

NAME	UNITS	14:50	14:55	15:00	15:05	15:10	15:15	15:20	15:25
Fi O2	%	---	37	---	37	37	---	---	---
Fi N2O	%	---	15	---	15	15	---	---	---
Insp ISO	%	---	0.1	---	0.1	0.1	---	---	---
ET-CO2	mm Hg	---	35	---	35	35	---	---	---
P.I.P.									
CVP Mean									
Tidal Vol									
Delete all entries for 'Ringers Lactate' ? (Y/N) <input checked="" type="checkbox"/>									
Blood	cc	---	---	---	---	---	---	---	TOTAL 0.0
Normal Saline	cc	---	---	---	---	---	---	---	0.0
Ringers Lactate	cc	---	---	350	---	---	---	---	350.0 ↔M
Est. blood loss	cc	---	---	---	---	---	---	---	0.0
ECG	--	---	---	---	---	---	---	---	---

- To delete the data from the screen and disk, press the Y key, or rotate the thumbwheel to display Y and press the Datagrip trigger. If you specify Y, another prompt appears to confirm the deletion; respond accordingly.
- To cancel the DELETE ENTRY request, press N or any key other than Y, or rotate the thumbwheel to display N and press the Datagrip trigger.

If you do not respond within 30 seconds, nothing is deleted, and the message is removed from the screen.

## Section 5 - Operation

### O.R. Data Manager

---

Displaying the  
O.R. Data  
Manager Screen  
Menu

To display the O. R. Data Manager screen menu:

1. Move the cursor to the M at the right of the Numeric Data screen.
2. Press the Datagrip trigger or the SELECT ENTRY key to bring up the menu.

15:25

NUMERIC DATA

Select:

- a. MONITOR
- b. PATIENT DATA
- c. DRUGS
- d. EVENTS
- e. NUMERIC
- f. GRAPHIC
- g. CONFIG
- h. STOP RECORD
- i. QA INDICATORS
- j. PRE-ANESTHESIA EVALUATION
- k. PRINT RECORD

SEARCH    ESCAPE

This menu allows entry into other screens, and the STOP RECORD option allows you to stop recording.

Make the desired selection using the procedures described earlier in this section under **General Operation** and **Pop-up Menus**.

Exiting the  
Screen

To exit the Numeric Data screen, press any of the other Screen keys, or use the Datagrip to select any other option from the O.R. Data Manager screen menu.

## Section 5 - Operation O.R. Data Manager

---

### Graphic History Screen

The Graphic History screen provides up to 14 hours of history for the following items:

- Oxygen saturation (SpO<sub>2</sub>)
- Pulse rate
- Arterial systolic and diastolic blood pressure
- Noninvasive systolic and diastolic blood pressure
- Temperature
- Respiratory rate
- Noncontinuous cardiac output
- PA Wedge Pressure
- PC Wedge Pressure

A time line, displayed in 5 minute intervals, appears at the top of the screen. A maximum of 2 hours of information can be displayed on the screen at one time. You can scroll the screen using the arrow keys or the Datagrip thumbwheel to view information that is not currently on the screen.

Sequence numbers for the drugs and events, indicating the 15-minute time period during which the drug was administered or the event took place, appear above the time line.

The graph displays four scales:

- 0-240 scale (left side of the graph) - for blood pressure, pulse and respiration measurements.
- 0-24 scale (far left side of the graph) - for noncontinuous cardiac output, PA wedge pressure, and PC wedge pressure.
- 56-100 scale (right side of the graph) - for oxygen saturation in percentage.
- 20-42 scale (far right side of the graph) - for temperature in degrees Celsius.

## Section 5 - Operation

### O.R. Data Manager

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The frequency of recording variables is as follows:

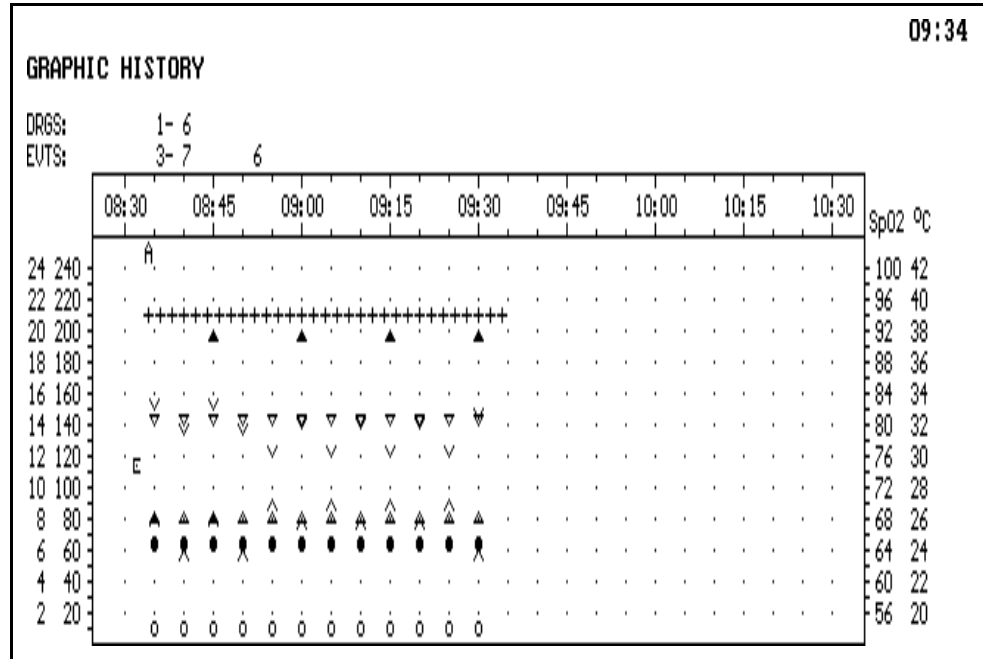
- SpO<sub>2</sub> 2 minutes
- Pulse 5 minutes
- Arterial Blood Pressures 5 minutes
- Respiratory Rate 5 minutes
- Temperature 15 minutes
- Noninvasive Blood Pressures on demand
- Noncontinuous cardiac output on demand
- PA Wedge Pressure on demand
- PC Wedge Pressure on demand

When a data value occurs that is beyond the range of the corresponding scale, the data will not be plotted. Depending upon the system configuration (see **System Configuration**), an event may be automatically logged in the O.R. Events Record screen indicating the time, the variable name (i.e. NIBP Systolic), and the value.

## Section 5 - Operation O.R. Data Manager

Selecting the  
Screen

To enter the Graphic History screen, press the GRAPHIC key, or use the Datagrip to select GRAPHIC from the O.R. Data Manager screen menu.



Screen Symbol  
Legend

- |                         |                        |
|-------------------------|------------------------|
| ○ Respiration           | ● Pulse                |
| ^ Diastolic NIBP        | ∇ Systolic NIBP        |
| △ Arterial Diastolic BP | ▽ Arterial Systolic BP |
| ▲ Temperature           | A Artifact             |
| + Oxygen Saturation     | ▣ Card. Out            |
| ▣ PA Wedge              | ▣ PC Wedge             |

The measured value lies at the top/bottom points of symbols ^, ∇, △, ▽ and ▲, and at the center of symbols ○, ● and +.

Using the  
Reference Bar

The Graphic History screen contains a reference bar that you can move up and down on the graph to help pinpoint the exact value for a measurement. When the screen appears, the reference bar is not shown.

## Section 5 - Operation

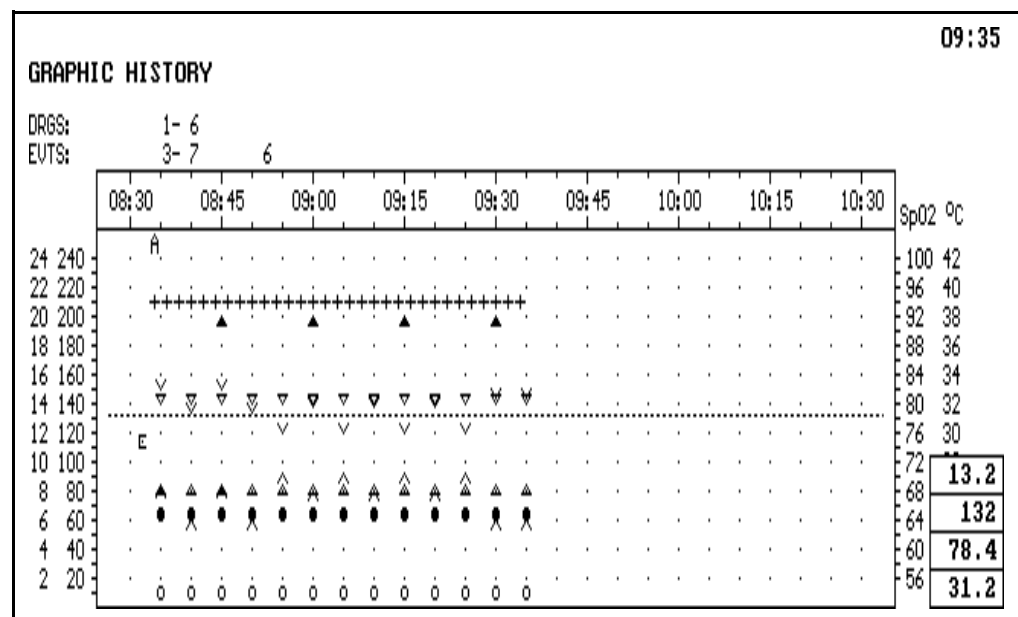
### O.R. Data Manager

To use the reference bar, press the  $\uparrow$  key; the bar appears and moves toward the top of the screen. A four-tier box also appears in the lower right corner of the screen, displaying the current location of the bar on all four scales.

- The top tier of the box shows the scale measurement for noncontinuous cardiac output and wedge pressures.
- The second tier of the box shows the scale measurement for blood pressure, pulse and respiration measurements.
- The third tier shows the scale measurement for oxygen saturation in percent.
- The bottom tier shows the scale measurement for temperature in degrees Celsius.

You can move the reference bar up or down at any time by pressing the  $\uparrow$  and  $\downarrow$  keys. To move the reference bar in greater increments, hold down the PAGE key and press the  $\uparrow$  or  $\downarrow$  key. To “put away” the reference bar and scale box, press the  $\uparrow$  or  $\downarrow$  key until the reference line moves off the top or bottom of the screen, or exit and re-enter the screen.

For example, in the following figure, the position of the reference bar at the bottom of the systolic NIBP symbol ( $\nabla$ ) accurately shows that the systolic NIBP at 08:40 and 08:50 was 132 (shown in the box at the bottom right corner).





## Section 5 - Operation O.R. Data Manager

Displaying the  
O.R. Data  
Manager Screen  
Menu

To display the O. R. Data Manager screen menu, press the Datagrip trigger or the SELECT ENTRY key to bring up the menu.

GRAPHIC HISTORY		15:28
Select:		
a. MONITOR		
b. PATIENT DATA		
c. DRUGS		
d. EVENTS		
e. NUMERIC		
f. GRAPHIC		
g. CONFIG		
h. STOP RECORD		
i. QA INDICATORS		
j. PRE-ANESTHESIA EVALUATION		
k. PRINT RECORD		
SEARCH ESCAPE		

This menu allows entry into other screens, and the STOP RECORD option allows you to stop recording.

Make the desired selection using the procedures described earlier in this section under **General Operation** and **Pop-up Menus**.

Exiting the  
Screen

To exit the Graphic History screen, press any of the other Screen keys, or use the Datagrip to select any other option from the O.R. Data Manager screen menu.

## Section 5 - Operation

### O.R. Data Manager

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#### Printing Anesthesia Records

If the optional printer is installed, you can print anesthesia records.

In addition to data recorded by the O.R. Data Manager during the case, printed records contain labeled boxes for anesthesia start time, anesthesia end time, surgery start time, surgery end time, and a check-off box for Pre-use Checkout of the anesthesia machine. The boxes are automatically filled in if the record contains the corresponding events (either selected by the user from the Event submenus or automatically entered by the O.R. Data Manager). For more information, see *Selecting from the Event Pop-Up Menu* and *Automatically Entered Events* earlier in this section.

The duration of anesthesia and surgery (ANES TIME and SURG TIME) are calculated by O.R. Data Manager by subtracting start times from end times.

You can print records at any time, from any screen. To print an anesthesia record:

1. Press the PRINT RECORD key or use the Datagrip to select PRINT RECORD from the O.R. Data Manager screen menu. A screen prompt asks for the number of copies to print.
2. Enter a number of copies between 1 and 5. Only numbers 1 through 5 are accepted. When a valid number of copies is entered, the print request is initiated.

If you do not respond within 30 seconds, the print request is canceled. If printing from floppy disk, do not remove the disk from the disk drive while the anesthesia record is being printed.

**NOTE:** You will only be prompted for the number of print copies if you had configured that prompt via the Configuration Screen. If you had configured a specific number of copies (between 1 and 5) in the Configuration Screen, you will not get the above prompt, and the specified number of copies will be printed automatically. For more information, see *System Configuration - Configuration Options Subscreen*.

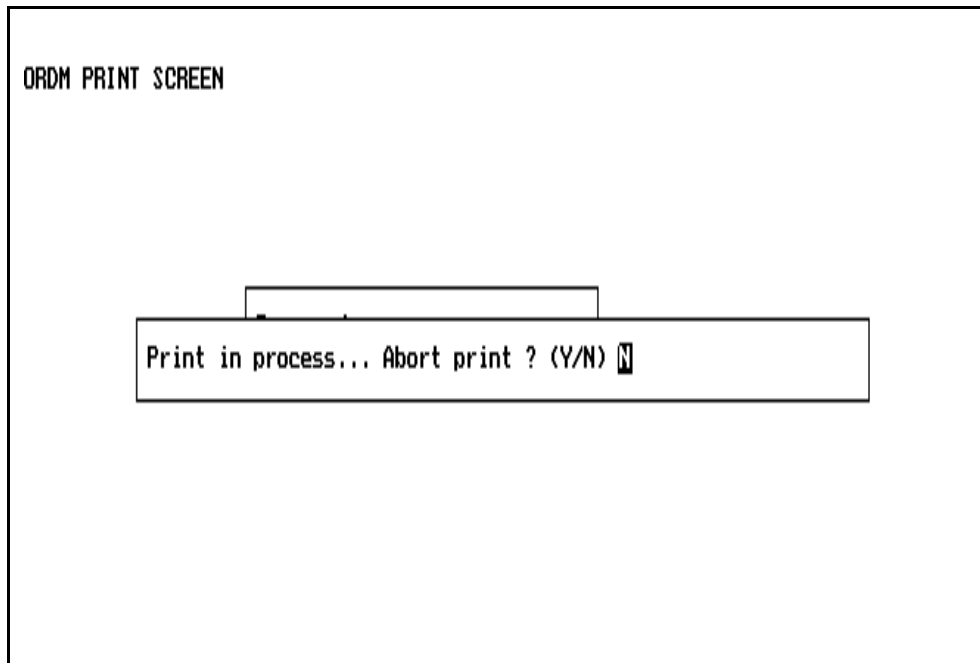
## Section 5 - Operation O.R. Data Manager

---

### Canceling a Print Request

To stop the printer before it has completed printing, press PRINT RECORD again, the ESC key, or any Screen key.

After you press the key, a screen prompt asks if you want to abort the print request.



- To cancel the print request, press the Y key, or rotate the thumbwheel to display Y and press the Datagrip trigger.
- To continue printing, press N or any key other than Y, or rotate the thumbwheel to display N and press the Datagrip trigger.

On the following page is an example of an anesthesia record produced and printed by the O.R. Data Manager.

## Section 5 - Operation

### O.R. Data Manager

[illegible]

## Section 5 - Operation O.R. Data Manager

---

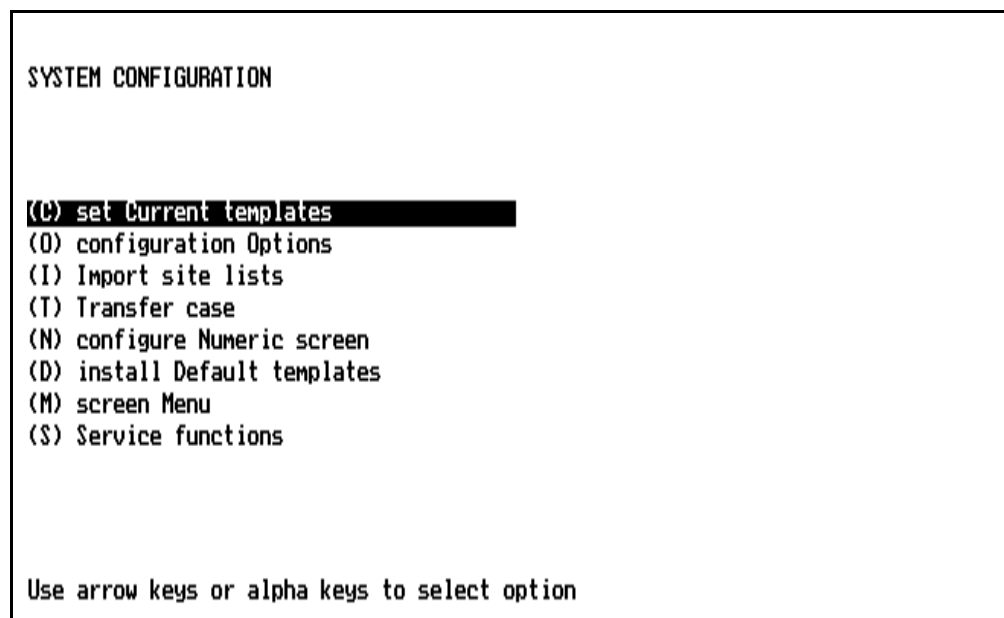
### System Configuration Screen

The System Configuration screen contains a menu for selecting configuration subscreens that allow you to customize the operation of the O.R. Data Manager. The screen provides access to the following configuration functions:

- set current drug and event templates
- configure options specific to each O.R. Data Manager
- import site lists
- transfer cases from the O.R. Data Manager hard disk to the network or to a floppy disk
- configure the Numeric Data screen
- install default drug and event templates
- return to the O.R. Data Manager screen menu
- configure the serial port baud rate, configure the O.R. Data Manager as either a network or a floppy disk system, and set the network password. (For use by a North American Dräger qualified technical service representative only.)

### Selecting the Screen

To enter the System Configuration screen, press the CONFIG key or use the Datagrip to select CONFIG from the O.R. Data Manager screen menu.



### Selecting a Configuration Subscreen

To select a subscreen, press the key letter (for example, press “C” for set Current templates), or highlight the choice and press the ENTER key or the Datagrip trigger.

## Section 5 - Operation

### O.R. Data Manager

---

#### Set Current Templates Subscreen

The Set Current Templates subscreen is used to load drug and event templates, which are custom lists of drugs and events common in specific types of cases. Using templates permits you to quickly enter information into the Drug Administration and O.R. Event Record screens without having to type all the information. For information on creating templates, see the *PC Prep/View Operator's Manual*.

You can load templates into the O.R. Data Manager either from floppy disk or the network, depending on whether your O.R. Data Manager is configured as a floppy disk system or a network system.

If you do not load specific templates, default templates are used.

#### Selecting the Subscreen

At the System Configuration menu, press "C", or highlight set Current templates and press the ENTER key or the Datagrip trigger. If you are loading from floppy disk, make sure the floppy disk containing the templates is inserted in the disk drive.

When the screen is displayed, the cursor appears in the Drug Template cell.

```
SET CURRENT TEMPLATES

Drug Template: Default
Event Template: Default
MENU

Use DELETE ENTRY key to use the default template
Use SELECT ENTRY key to change value
```

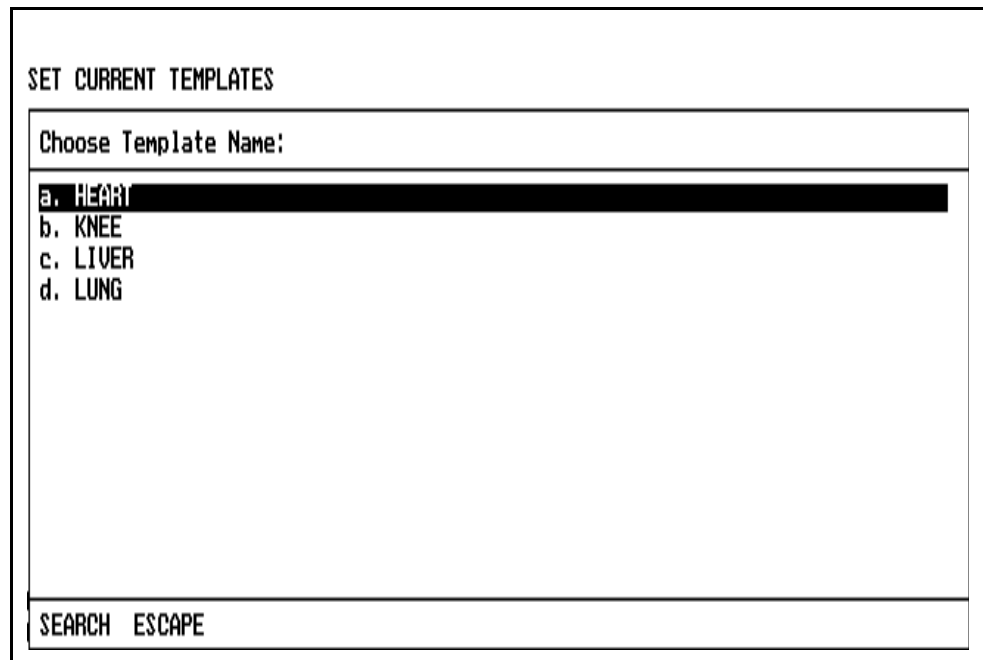
## Section 5 - Operation O.R. Data Manager

---

### Setting Current Templates

To load a drug or event template from floppy disk or the network:

1. Position the cursor in the desired template cell.
2. Press the SELECT ENTRY key or the Datagrip trigger to display the pop-up list of templates stored on the floppy disk (with floppy disk-based systems) or on the network (with network-based systems).
3. To make a selection, use the procedures described under **Pop-up Menus**.



SET CURRENT TEMPLATES

Choose Template Name:

- a. HEART
- b. KNEE
- c. LIVER
- d. LUNG

SEARCH    ESCAPE

If you select a drug template, and there is an event template with the same name, and if no event template was previously selected, that template will be automatically set also (and vice versa).

### Setting Current Templates to the Default

If you load a specific template from floppy or network, and then subsequently wish to use the default template instead, do the following:

1. Position the cursor in the desired template cell.
2. Press the DELETE ENTRY key. The default template will be automatically loaded.

## Section 5 - Operation

### O.R. Data Manager

---

Returning to the  
O.R. Data  
Manager Screen  
Menu

Position the cursor on the word MENU, and press the Datagrip trigger or the SELECT ENTRY key.

#### Configuration Options Subscreen

The Configuration Options subscreen allows you to set the following:

- Hospital Name and O.R. number
- Number of Anesthesia Record Copies to Print
- Whether to Log Out of Graph Range Values (yes/no)
- Menu Selection Mode (Single Entry or Pick List)
- Whether to import site lists on power-up (network system only)
- Units of measure for displaying CO<sub>2</sub> values
- Default Ambient Pressure
- Whether to use the auto drug dictionary feature

Selecting the  
Subscreen

At the System Configuration menu, press “O”, or highlight configuration Options and press the ENTER key or the Datagrip trigger.

When the screen is displayed, the cursor appears in the Hospital Name cell.

CONFIGURATION OPTIONS	
Hospital Name:	Metropolitan Hospital
Operating Room Number:	5
Number of Copies to Print:	1
Log Out of Graph Range Values:	YES
Menu Selection Mode:	PICK LIST
Import site lists on power up:	NO
CO2 Units Of Measure:	mmHg
Default Ambient Pressure:	760
Auto drug dictionary:	NO
MENU	



## **Section 5 - Operation O.R. Data Manager**

---

Entering the  
Hospital Name

To enter the hospital name, position the cursor on the Hospital Name cell and type in the name. If there is an existing entry, you may type over it. The hospital name entered here will appear on the Anesthesia Record.

Entering the  
Operating Room  
Number

Position the cursor on the Operating Room Number cell and type in up to four alphanumeric characters. If there is an existing entry, you may type over it.

The Operating Room Number will appear on the Patient Data screen and on the Anesthesia Record.

## Section 5 - Operation

### O.R. Data Manager

---

#### Setting Number of Print Copies

The Print Copies Configuration setting allows you to set how many copies of the Anesthesia Record are to be printed every time you use the O.R. Data Manager Print function.

You can specify up to five copies of the Anesthesia Record to be printed automatically each time you print, or you can have the O.R. Data Manager prompt for the number of copies each time you print.

To set the number of print copies:

1. In the Configuration Options subscreen, position the cursor at the Number of Copies to Print cell.
2. Press the SELECT ENTRY key or the Datagrip trigger to display the Print Copies pop-up menu.
3. To make a selection, use the procedures described under **Pop-up Menus**.

CONFIGURATION OPTIONS	
Print Copies:	
a. 1	
b. 2	
c. 3	
d. 4	
e. 5	
f. QUERY EACH TIME	
SEARCH ESCAPE	

## Section 5 - Operation O.R. Data Manager

---

### Log Out of Graph Range Values?

When a data value is received over VITALINK that is beyond the range of the corresponding scale on the Graphic History screen, the data will not be plotted. You can, however, choose to have the item automatically logged in the O.R. Event Record screen indicating the time, the variable name (e.g. NIBP Systolic), and the value.

1. In the Configuration Options subscreen, position the cursor at the Log Out of Graph Range Values cell.
2. Press the SELECT ENTRY key or the Datagrip trigger to display the pop-up menu.
3. To make a selection, use the procedures described under **Pop-up Menus**.

CONFIGURATION OPTIONS	
Autolog out of graph range values:	
a. YES	
b. NO	
SEARCH    ESCAPE	

Pop-up menus have two possible display formats: Single Entry and Pick List. In the Single Entry format, only one item can be selected from a displayed list. In the Pick List format, multiple items can be selected (see **Pop-up Menus**). If Single Entry is chosen, all pop-up menus will appear in single entry format. If Pick List is chosen, menus for items that may have multiple selections will appear in pick list format. Items that allow multiple selections include procedure descriptions/codes, staff names and insurance names on the Patient Data screen, drug names on the Drug Administration screen, event descriptions on the O.R. Event Record screen, and numeric item names on the Numeric Data screen. All pop-up menus for items that can only have one choice (e.g. anesthesia type, drug template) will appear in the single entry format, even if the pick list option is chosen.

1. In the Configuration Options subscreen, position the cursor at the Menu Selection Mode cell.
2. Press the SELECT ENTRY key or the Datagrip trigger to display the pop-up menu.
3. To make a selection, use the procedures described under **Pop-up Menus**.

CONFIGURATION OPTIONS	
Menu Selection Mode:	
a. SINGLE ENTRY	
b. PICK LIST	
SEARCH    ESCAPE	

The import site lists on power-up option tells the O.R. Data Manager whether to copy all the site lists from the network to the O.R. Data Manager hard drive each time the O.R. Data Manager is powered on. Setting this option to "YES" ensures that the O.R. Data Manager always has the latest network lists on its hard drive. If this option is set to "NO", the Import Site lists function must be used to copy site lists from the network.

1. In the Configuration Options subscreen, position the cursor at the IMPORT SITE LISTS ON POWER UP cell.
2. Press the SELECT ENTRY key or Datagrip trigger to display the pop-up menu.
3. To make a selection, use the procedures described under **Pop-up Menus**.

```

CONFIGURATION OPTIONS

Import site lists on power up:

a. YES
b. NO

SEARCH  ESCAPE

```

## Section 5 - Operation

### O.R. Data Manager

---

#### Selecting CO<sub>2</sub> Units of Measure

The CO<sub>2</sub> units of measure selection tells the O.R. Data Manager what units to use when displaying CO<sub>2</sub> on the Monitor screen, the Numeric Data screen, and the printed Anesthesia record.

1. In the Configuration Options subscreen, position the cursor at the CO<sub>2</sub> UNITS OF MEASURE cell.
2. Press the SELECT ENTRY key or Datagrip trigger to display the pop-up menu.
3. To make a selection, use the procedures described under **Pop-up Menus**.

The screenshot shows a terminal-style interface. At the top, the text "CONFIGURATION OPTIONS" is displayed. Below it, a rectangular box contains the text "CO2 Units Of Measure:". Underneath this box, a list of three options is shown: "a. mmHg", "b. %", and "c. KPa". The option "a. mmHg" is highlighted with a thick black horizontal bar. At the bottom of the screen, outside the main box, the text "SEARCH ESCAPE" is visible.

## Section 5 - Operation

### O.R. Data Manager

---

#### Entering the Default Ambient Pressure

The ambient (atmospheric) pressure is used by the O.R. Data Manager to compute certain CO<sub>2</sub> values displayed on the Monitor and Numeric Data screens. In cases where the monitor on the anesthesia machine supplies an ambient pressure to the O.R. Data Manager, this value is used in the computation. However, some monitors do not supply this value. In these cases, the O.R. Data Manager uses a default ambient pressure to compute the values. The initial default ambient pressure is set to 760 (mm Hg) by the O.R. Data Manager. The user can change this value by positioning the cursor on the DEFAULT AMBIENT PRESSURE cell and typing the desired value over the existing entry. Only numeric values between 500 and 850 inclusive will be accepted for this cell.

#### Auto Drug Dictionary Option

If the Auto Drug Dictionary option is set to "YES", the O.R. Data Manager will automatically complete drug names typed from the keyboard on the Drug Administration and Numeric Data screens as soon as the user enters a string that uniquely identifies a drug in the Drug Dictionary. If the drug name is in the drug template, any units and routes specified in the drug template will also be automatically entered. Otherwise, the units from the Drug Dictionary will be automatically entered. (The Drug Dictionary does not contain routes.)

This feature is useful for ensuring that drug names are spelled correctly and are consistent from record to record.

1. In the Configuration Options subscreen, position the cursor at the AUTO DRUG DICTIONARY cell.
2. Press the SELECT ENTRY key or Datagrip trigger to display the pop-up menu.
3. To make a selection, use the procedures described under **Pop-up Menus**.

## Section 5 - Operation

### O.R. Data Manager

---

CONFIGURATION OPTIONS

Auto drug dictionary:

a. YES

b. NO

SEARCH ESCAPE

#### Editing Data

The Edit Mode allows editing of the Hospital Name, Operating Room Number, and Default Ambient Pressure cells. Refer to **General Operation**, Edit Mode for use of the edit window.

#### Returning to the O.R. Data Manager Screen Menu

To return to the O.R. Data Manager screen menu, position the cursor on the word MENU and press the Datagrip trigger or the SELECT ENTRY key.

#### Saving the Configuration Options

To save the hospital name, number of print copies, and other configuration settings, you must exit the Configuration Options subscreen. To exit the screen, press any of the other screen keys or the CONFIG key, or use the Datagrip to select any other option from the O.R. Data Manager screen menu. If you made any changes, they are saved to the O.R. Data Manager hard disk when you exit the screen.



## Section 5 - Operation O.R. Data Manager

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### Import Site Lists Subscreen

The Import Site Lists subscreen allows you to install on the O.R. Data Manager the site-configurable lists created using the PC Prep/View software program. You can configure and import the following types of lists:

- Surgeon names
- Anesthesia types
- Units of measure
- Numeric items and defaults
- QA Indicators
- Insurance names
- Procedures and associated numeric codes
- Event sublists (Intubation, Patient Position, Billable Items, Miscellaneous)
- Automatically entered Start/Stop events and their time offsets (one list)
- Anesthetist names
- Drug Dictionary
- Drug Administration Routes
- ECG heart rhythms
- Anesthesiologist names

Default lists are provided for anesthesia types, Drug Dictionary, units of measure, drug administration routes, numeric items, numeric defaults, ECG rhythms, event sublists, Start/Stop events and offsets, QA indicators and insurance names if none are configured by the user.

You cannot import site lists while data is being recorded.

If a network system is installed, the O.R. Data Manager can be configured to import site lists automatically on power-up. For more information on site-configurable lists, see the *PC Prep/View Operator's Manual*.

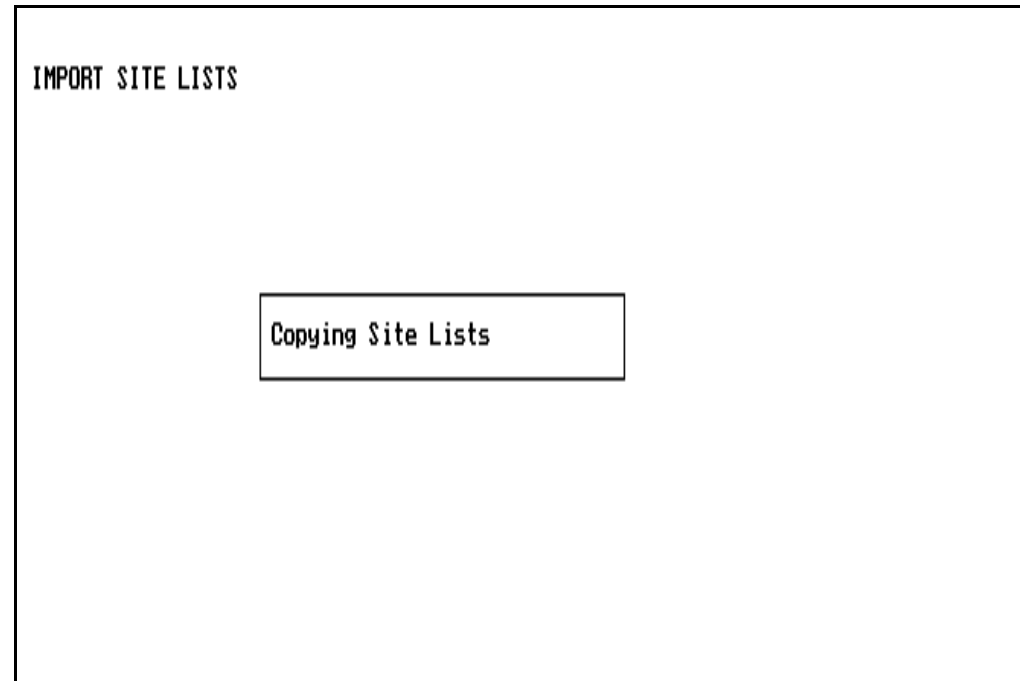
## Section 5 - Operation

### O.R. Data Manager

---

Selecting the  
Subscreen

At the System Configuration screen, press “I”, or highlight Import site lists and press the ENTER key or the Datagrip trigger. If you have a network-based system, the site lists are then copied. If you have a floppy disk-based system, you will first be prompted to insert the disk containing the site-configurable lists and press any key to continue; the site lists will then be copied.



Once the site lists are loaded on the O.R. Data Manager hard drive and into O.R. Data Manager memory, you are returned to the System Configuration Screen.

## Section 5 - Operation O.R. Data Manager

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### Transfer Case Subscreen

The Transfer Case subscreen allows you to copy cases from the hard disk drive to a floppy disk and, on network-based systems, to a network drive.

You cannot transfer cases while data is being recorded.


### Selecting the Subscreen

At the System Configuration screen, press “T”, or highlight Transfer case and press the ENTER key or the Datagrip trigger.

### Floppy Disk- Based Systems

After you select Transfer case from the System Configuration screen, you are prompted to insert the disk. When the disk is inserted, it is checked for existing case data. If it contains case data, the following prompt to clear data appears on the screen:

There is an existing case on the disk

OK to clear the previous case from disk ? (Y/N) 

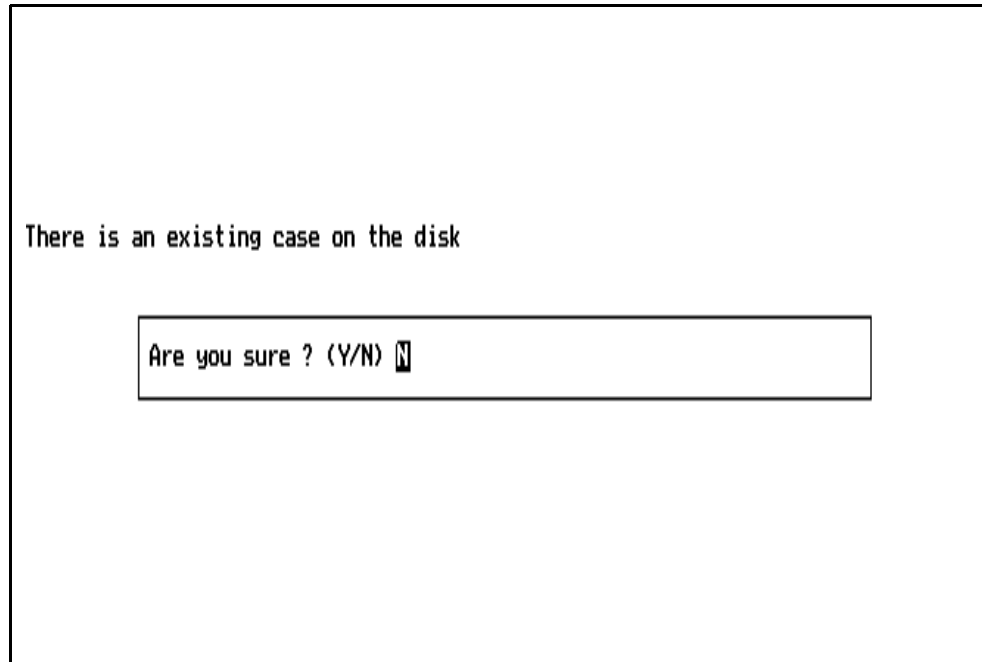
- If you want to clear all case data contained on the floppy disk, press the Y key, or rotate the thumbwheel to display Y and press the Datagrip trigger.
- If you do not want to clear existing case data, press N or any key other than Y, or rotate the thumbwheel to display N and press the Datagrip trigger. You will then have to remove or replace the disk.

## Section 5 - Operation

### O.R. Data Manager

---

If you specify Y, a second prompt appears to confirm your choice:



The screenshot shows a text-based interface. At the top, it says "There is an existing case on the disk". Below this, there is a rectangular input box containing the text "Are you sure ? (Y/N) N". The 'N' is highlighted, indicating it is the current selection.

- If you want to clear case data from the disk, press the Y key, or rotate the thumbwheel to display Y and press the Datagrip trigger.
- If you do not want to clear case data from the disk, press N or any key other than Y, or rotate the thumbwheel to display N and press the Datagrip trigger. You will then have to remove or replace the disk.

If you do not respond within 30 seconds, the case data is not cleared and the prompt is removed from the screen. If you respond with a Y to the confirmation prompt, the program will clear case data.

## Section 5 - Operation O.R. Data Manager

Copying from  
Hard Disk to  
Floppy

When the disk is cleared, you are prompted to select the case from a pop-up list of cases that are found on the hard disk:

TRANSFER CASE			
Select Case to Transfer:			
09/13/94	Bentley,	Joseph	688-40-1922
09/13/94	Harmon,	Jay	659-99-7812
09/13/94	Parker,	Roy	877-09-6588
09/13/94	Colbert,	Fred	341-06-5487
09/13/94	Richards,	Erlen	434-22-9453
09/13/94	Dugan,	Richard	117-14-7808
09/13/94	Stanley,	Steven	987-65-3440
09/13/94	Reed,	Wm	765-90-0080
09/13/94	Johnson,	Ed	300-20-4356
09/13/94	Stevens,	Stanley	466-23-0987
09/13/94	Jackson,	James	123-45-6789
09/13/94	Evans,	Frank	321-00-5555
09/13/94	Doe,	Jan	176-13-1690
PG DWN PG UP SEARCH ESCAPE			

Select the case to copy using the procedures outlined under **Pop-up Menus**.

The message "Copying case to Floppy" is displayed. When the case is copied, you are returned to the System Configuration screen.

**NOTE:** The most recent 100 cases are always saved on the hard disk.

## Section 5 - Operation

### O.R. Data Manager

---

#### Network-Based Systems

On a network-based system, you can copy cases from the hard disk drive to either the network disk or to the floppy disk.

After you select Transfer case from the System Configuration menu, you are prompted to select what drive you want to copy to:

The screenshot shows a terminal window titled "TRANSFER CASE". Inside, there is a prompt "Select Destination Drive:". Below the prompt, there are two options: "a. Network" and "b. Floppy". The "a. Network" option is highlighted with a black bar. At the bottom of the window, there is a status bar that says "SEARCH ESCAPE".

```
TRANSFER CASE
Select Destination Drive:
a. Network
b. Floppy

SEARCH  ESCAPE
```

To select the drive, use the procedures described under **Pop-up Menus**.

## Section 5 - Operation O.R. Data Manager

Copying from  
Hard Disk to  
Network

If you select the network drive, you are then prompted to select the case from a pop-up list of cases that are found on the hard disk:

TRANSFER CASE			
Select Case to Transfer:			
09/13/94	Bentley,	Joseph	688-40-1922
09/13/94	Harmon,	Jay	659-99-7812
09/13/94	Parker,	Roy	877-09-6588
09/13/94	Colbert,	Fred	341-06-5487
09/13/94	Richards,	Erlen	434-22-9453
09/13/94	Dugan,	Richard	117-14-7808
09/13/94	Stanley,	Steven	987-65-3440
09/13/94	Reed,	Wm	765-90-0080
09/13/94	Johnson,	Ed	300-20-4356
09/13/94	Stevens,	Stanley	466-23-0987
09/13/94	Jackson,	James	123-45-6789
09/13/94	Evans,	Frank	321-00-5555
09/13/94	Doe,	Jan	176-13-1690
PG DWN PG UP SEARCH ESCAPE			

Select the case to copy using the procedures outlined under **Pop-up Menus**.

The message "Copying case to Network" is displayed. When the case is copied, you are returned to the System Configuration screen.

**NOTE:** The most recent 100 cases are always saved on the hard disk.

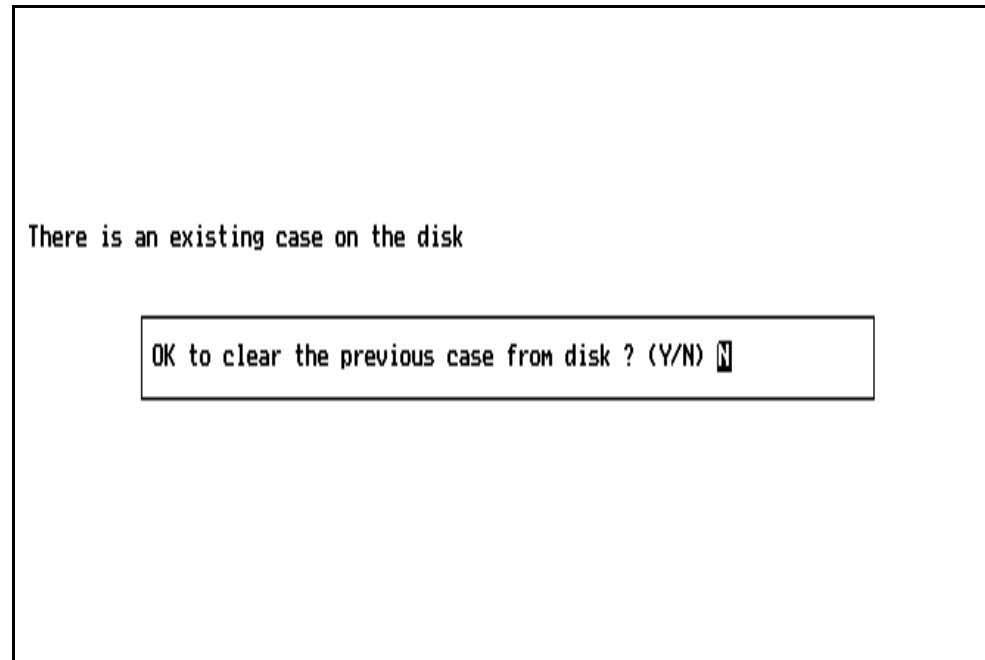
## Section 5 - Operation

### O.R. Data Manager

---

Copying from  
Hard Disk to  
Floppy (Network-  
Based Systems)

If you select the floppy drive, you are prompted to insert the disk. When the disk is inserted, it is checked for existing case data. If it contains case data, the following prompt to clear data appears on the screen:



- If you want to clear all case data contained on the floppy disk, press the Y key, or rotate the thumbwheel to display Y and press the Datagrip trigger.
- If you do not want to clear existing case data, press N or any key other than Y, or rotate the thumbwheel to display N and press the Datagrip trigger. You will then have to remove or replace the disk.

If you specify Y, a confirmation prompt "Are you sure ? (Y/N)" appears; respond accordingly.

If you do not respond within 30 seconds, the case data is not cleared and the prompt is removed from the screen. If you respond with a Y to the confirmation prompt, the program will clear case data.



## Section 5 - Operation O.R. Data Manager

---

When the disk is cleared, you are prompted to select the case from a pop-up list of cases that are found on the hard disk:

TRANSFER CASE			
Select Case to Transfer:			
09/13/94	Bentley,	Joseph	688-40-1922
09/13/94	Harmon,	Jay	659-99-7812
09/13/94	Parker,	Roy	877-09-6588
09/13/94	Colbert,	Fred	341-06-5487
09/13/94	Richards,	Erlen	434-22-9453
09/13/94	Dugan,	Richard	117-14-7808
09/13/94	Stanley,	Steven	987-65-3440
09/13/94	Reed,	Wm	765-90-0080
09/13/94	Johnson,	Ed	300-20-4356
09/13/94	Stevens,	Stanley	466-23-0987
09/13/94	Jackson,	James	123-45-6789
09/13/94	Evans,	Frank	321-00-5555
09/13/94	Doe,	Jan	176-13-1690
PG DWN PG UP SEARCH ESCAPE			

Select the case to copy using the procedures outlined under **Pop-up Menus**.

The message "Copying case to Floppy" is displayed. When the case is copied, you are returned to the System Configuration screen.

**NOTE:** The most recent 100 cases are always saved on the hard disk.

## Section 5 - Operation

### O.R. Data Manager

---

#### Configure Numeric Screen Subscreen

The Configure Numeric Screen subscreen allows you to select the time interval for data to be posted in the Numeric Data screen and the anesthesia record, and the number and type of variables that will appear on the upper portion of the Numeric Data Screen, and on the anesthesia record.

#### Selecting the Subscreen

In the System Configuration screen, type 'N' or position the cursor on configure Numeric Screen and press the SELECT ENTRY key or the Datagrip trigger to display the Configure Numeric Screen subscreen.

NUMERIC CONFIGURATION

Interval: **QUERY EACH CASE**      Auto Variables/Keyboard Entries: 7/15      MENU

SELECTED VARIABLES:

Fi O2	%
Fi N2O	%
Insp AGENT	%
ET-CO2	mm Hg
P.I.P.	cm H2O
CVP Mean	mm Hg
Tidal Vol	L

Use SELECT ENTRY key to change value

## Section 5 - Operation O.R. Data Manager

### Selecting the Numeric Screen Time Interval

This option allows you to set the time interval for data to be posted in the Numeric Data screen and on the anesthesia record. You can choose either 5 or 15 minute intervals. The 5 minute interval is recommended for shorter cases (less than 2-3 hours), and the 15 minute interval is recommended for longer cases.

A third selection, QUERY EACH CASE, will allow you to make the time interval selection at the start of a case (see **Starting a Case**).

1. In the Configure Numeric Screen subscreen, position the cursor at the Interval cell.
2. Press the SELECT ENTRY key or the Datagrip trigger to display the pop-up menu.
3. To make a selection, use the procedures described under **Pop-up Menus**.

NUMERIC CONFIGURATION	
Select Numeric Screen Time Interval:	
a.	5 MINUTES
b.	15 MINUTES
c.	QUERY EACH CASE
SEARCH    ESCAPE	

During a case, the time interval can only be changed if the interval is set to 15 minutes, that is, if 15 minutes was chosen for the interval value on the Configure Numeric Screen subscreen, or 15 minutes was selected by the user at the case start. The interval CANNOT be changed from 5 minutes to another value during a case, even if the interval was originally 15 minutes when the case was started.

## Section 5 - Operation

### O.R. Data Manager

---

Selecting Number  
of Automatic  
Variables/  
Keyboard Entries

The number of automatic variables/keyboard entries tells how the Numeric Screen is to be split between automatically recorded variables (top portion of the screen) and keyboard-entered variables (bottom portion of the screen). A maximum of 22 variables may be displayed on the screen. Of these 22, up to 12 may be automatically recorded variables.

1. In the Configure Numeric Screen subscreen, position the cursor at the AUTO VARIABLES/KEYBOARD ENTRIES cell.
2. Press the SELECT ENTRY key or the Datagrip trigger to display the pop-up menu.
3. To make a selection, use the procedures described under **Pop-up Menus**.

NUMERIC CONFIGURATION	
Select no. of Auto Variables/Keyboard Entries:	
a.	7/15
b.	8/14
c.	9/13
d.	10/12
e.	11/11
f.	12/10
SEARCH ESCAPE	

Slots for numeric variable names on the Configure Numeric Screen subscreen will increase/decrease automatically if the number of automatic variables is changed.

## Section 5 - Operation O.R. Data Manager

Selecting the  
Numeric  
Variables

For each selected variable slot in the Configure Numeric Screen subscreen, a menu of choices appears when the SELECT ENTRY key or Datagrip trigger is pressed.

To select a numeric variable, use the procedures outlined under **Pop-up Menus**.

NUMERIC CONFIGURATION	
Select numeric variable:	
a. Fi O2	%
b. Exp AGENT	%
c. Minute Vol	L
d. ART Syst	mm Hg
e. ART Dias	mm Hg
f. ART Mean	mm Hg
g. P2 ART Syst	mm Hg
h. P2 ART Dias	mm Hg
i. P2 ART Mean	mm Hg
j. PA Syst	mm Hg
k. PA Dias	mm Hg
l. PA Mean	mm Hg
m. RV Syst	mm Hg
PG DWN PG UP SEARCH ESCAPE	

Returning to the  
O.R. Data  
Manager Screen  
Menu

To return to the O.R. Data Manager screen menu, position the cursor on the word MENU and press the Datagrip trigger or the SELECT ENTRY key.

## Section 5 - Operation

### O.R. Data Manager

---

#### Install Default Templates Subscreen

This subscreen allows installation of preconfigured Drug and Event templates as the default templates.

#### Selecting the Subscreen

In the System Configuration screen, type 'D' or position the cursor on install Default templates and press the SELECT ENTRY key or the Datagrip trigger to display the Install Default Templates subscreen.

INSTALL DEFAULT TEMPLATES

Drug Template: **Default**

Event Template: Default

MENU

Use SELECT ENTRY key to change value

## Section 5 - Operation O.R. Data Manager

---

Selecting the  
Templates

With the Drug Template or the Event Template field highlighted, press the SELECT ENTRY key to bring up the Default Templates pop-up menu.

INSTALL DEFAULT TEMPLATES

Choose Template Name:

- a. HEART
- b. KNEE
- c. LIVER
- d. LUNG

SEARCH ESCAPE

Select the template using the procedures described under **Pop-up Menus**.

If you select a drug template, and there is an event template with the same name, and if no event template was previously selected, that template will be automatically selected also (and vice versa).

The newly installed default templates also become the currently selected templates.

Returning to the  
O.R. Data  
Manager Screen  
Menu

To return to the O.R. Data Manager screen menu, position the cursor on the word MENU and press the Datagrip trigger or the SELECT ENTRY key.

## Section 5 - Operation

### O.R. Data Manager

---

#### Screen Menu Subscreen

In addition to selecting O.R. Data Manager screens using the keyboard, you can select them from a pop-up screen menu. The menu lists all the O.R. Data Manager screens along with an option to start or stop recording data.

Selecting the  
Screen Menu  
Subscreen

At the System Configuration screen, press “M”, or highlight screen Menu and press the ENTER key or the DATAGRIP trigger.

SYSTEM CONFIGURATION	
Select:	
a. MONITOR	
b. PATIENT DATA	
c. DRUGS	
d. EVENTS	
e. NUMERIC	
f. GRAPHIC	
g. CONFIG	
h. STOP RECORD	
i. QA INDICATORS	
j. PRE-ANESTHESIA EVALUATION	
k. PRINT RECORD	
SEARCH	ESCAPE

This menu allows entry into other screens, and the STOP RECORD option allows you to stop recording. (If the O.R. Data Manager is not recording, the option will be shown as START RECORD, allowing you to start recording of data.)

Make the desired selection using the procedures described under **General Operation** and **Pop-up Menus**.

Exiting the  
Screen

To exit the screen, press any of the other Screen keys, or use the Datagrip to select any other option from the O.R. Data Manager screen menu.

#### Service Functions Subscreen

The Service functions subscreen of the System Configuration screen is used to configure the O.R. Data Manager as either a network or a floppy disk-based system, set the baud rate for data communication, and set the network password. It is accessible only via a password and is to be used only by a North American Dräger qualified technical service representative.



## **Section 5 - Operation O.R. Data Manager**

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### **ATTACHMENT**

This product includes CPT that is commercial technical data and/or computer data bases and/or commercial computer software and/or commercial computer software documentation, as applicable that were developed exclusively at private expense by the American Medical Association, 515 N. State Street, Chicago Illinois, 60610. U.S. Government rights to use, modify, reproduce, release, perform, display, or disclose these technical data and/or computer data bases and/or computer software and/or computer software documentation are subject to the limited rights restrictions of DFARS 252.227-7015(b)(3) (June 1995) and/or subject to the restrictions of DFARS 227.7202-1(a) (June 1995) and DFARS 227.7202-3(a) (June 1995), as applicable for U.S. Department of Defense procurements and the limited rights restrictions of FAR 52.227-14 (June 1987) and/or subject to the restricted rights provisions of FAR 52.227-14 (June 1987) and FAR 52.227-19 (June 1987), as applicable, and any applicable agency FAR Supplements, for non-Department of Defense Federal procurements.

[RETURN TO CD-ROM TABLE OF CONTENTS](#)

## Section 6

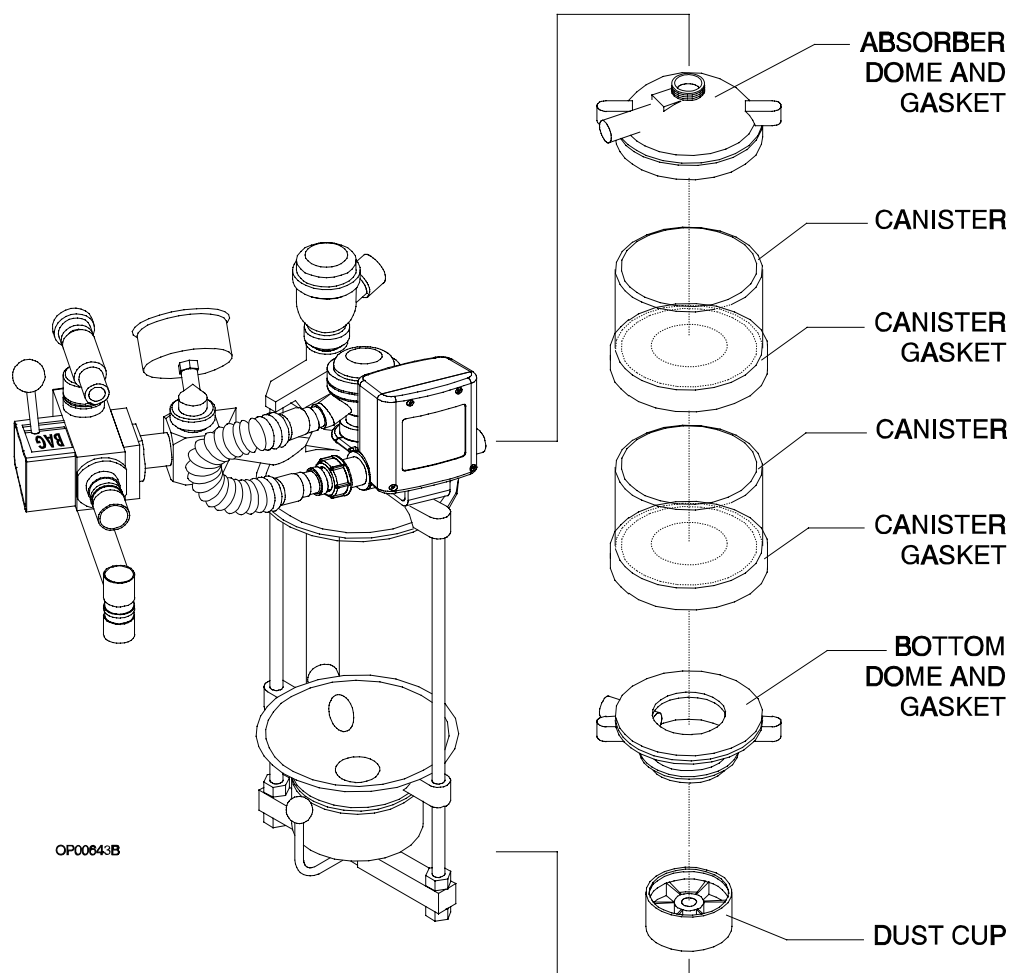
### Routine Maintenance and Cleaning

<b>Overview</b>	This section outlines procedures for maintaining and cleaning the Narkomed 2C.
<b>Routine Maintenance</b>	<p>Routine maintenance must be performed regularly to ensure safe and effective operation. Regularly check the condition of the absorbent and the overall condition of the machine, power cord, hoses, and breathing bag.</p>
Replacing the Absorbent	<p>When the carbon dioxide absorbent in the absorber system is exhausted, it must be replaced. Refer to the manufacturer's instructions for the signs to expect when the absorbent is exhausted.</p> <p>If the machine has been out of use or in storage, replace the absorbent before using the machine. North American Dräger recommends establishing a routine schedule with a sufficient safety margin for replacing absorbent.</p> <p>When using loose absorbent, do not fill above the maximum fill level line located about a quarter-inch from the top of the canister. The clearance and the ratio of canister diameter to screen opening minimize the potential for channeling. In channeling, gas flows through the canister along the path of least resistance. The gas depletes the efficiency of the absorbent along this route, bypassing absorbent in the other areas of the absorber.</p> <p><b>WARNING:</b> Absorbent is caustic and is a strong irritant to the eyes, skin, and respiratory tract. When replacing the absorbent, take care not to spill its caustic contents.</p> <p>To replace the absorbent:</p> <ol style="list-style-type: none"><li>1. Pull the canister release lever down.</li><li>2. Remove the canisters from the absorber system.</li><li>3. Empty the contents of the canisters into an appropriate refuse container.</li><li>4. Check the canisters to make sure they are not chipped or cracked.</li></ol>

## Section 6

### Routine Maintenance and Cleaning

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5. Taking care not to chip or crack the canisters, add new absorbent to each one.
  - When using absorbent prepacks, remove all packaging materials (some have clear plastic wrappers) and place a prepack into each canister.
  - When using loose absorbent, fill the canister to the fill line. Do not overfill.
6. Stack one canister on top of the other and center the stack on the gasket of the bottom dome.

## Section 6 Routine Maintenance and Cleaning

### Replacing the Oxygen Sensor

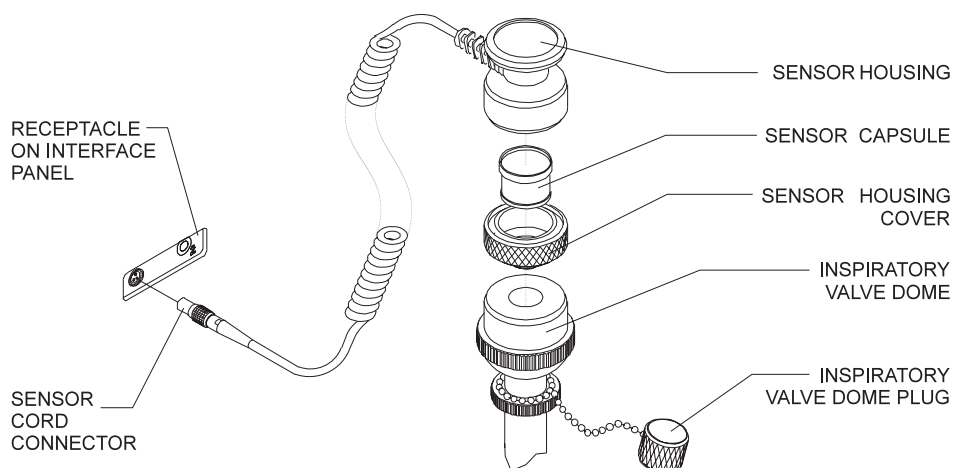
7. Raise the bottom dome, remove and empty the dust cup if loose absorbent is present, and replace the dust cup.
8. Pull the canister release lever up to close the absorber system.
9. Perform the absorber portion of the daily checkout procedure provided in the "Daily Checkout" section to verify proper reassembly.

Replace the oxygen sensor capsule when its sensor is depleted, because a depleted sensor cannot correctly analyze oxygen concentrations.

1. Turn the SYSTEM POWER switch to STANDBY.
2. Remove the oxygen sensor housing from the inspiratory valve dome. (It is a press fit.)
3. Unscrew the cover from the sensor housing and remove the sensor capsule.
4. Install the replacement sensor in the housing. Verify that the copper rings on the capsule mate with the electrical contacts in the sensor housing.
5. Wait 15 minutes to let the sensor capsule stabilize to ambient air.

If you do not wait, calibration (the next step) will not be successful.

6. Restore power to the machine and calibrate the oxygen sensor, as described in Section 5, "Operation, Oxygen Monitoring."



## Section 6

### Routine Maintenance and Cleaning

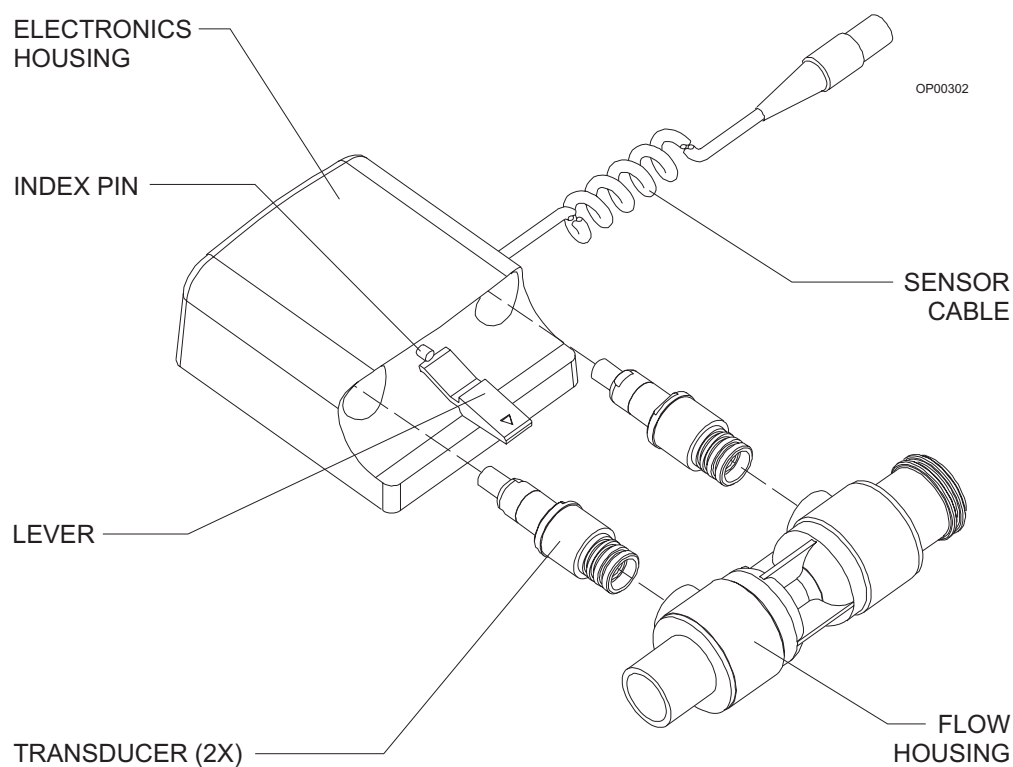
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#### Clearing Condensation in the Ultrasonic Flow Sensor

Depending on the conditions of use and the environment, condensation can accumulate in the flow sensor housing. Moderate amounts of condensation should not affect operation. Excessive condensation can result in erratic measurements or total loss of flow measurement.

To remove condensation:

1. Remove the connector hose assembly between the flow sensor and expiratory valve by turning the ring nut counterclockwise.
2. Remove the patient hose from the expiratory hose terminal on the flow sensor.
3. Lift the flow sensor off the bracket.
4. Press down on the lever under the flow housing and remove the flow housing/transducer assembly from the electronics housing.
5. Pull both transducers out of the flow housing.



## Section 6

### Routine Maintenance and Cleaning

---

6. Tip and shake the flow housing to release fluid trapped in the housing.
7. Make sure that all large droplets are cleared from the transducer ports.
8. Pat the transducers dry with a soft, lint-free cloth.
9. Press the transducers back into their ports in the flow housing.
10. Slide the electronics housing over the flow housing/transducer assembly. Be sure that it clicks into place.

**NOTE:** If the flow housing/transducer assembly does not fit easily into the electronics housing, make sure the flow housing is facing the right direction. Compare the direction to the illustration on the electronics housing. The index pin on the electronics housing should align with the hole in the flow housing.

11. Slide the flow sensor onto the bracket.
12. Connect the patient hose to the expiratory hose terminal on the flow sensor.
13. Install the connector hose assembly between the flow sensor and the expiratory valve, and secure it by turning the ring nut clockwise.

## Section 6

### Routine Maintenance and Cleaning

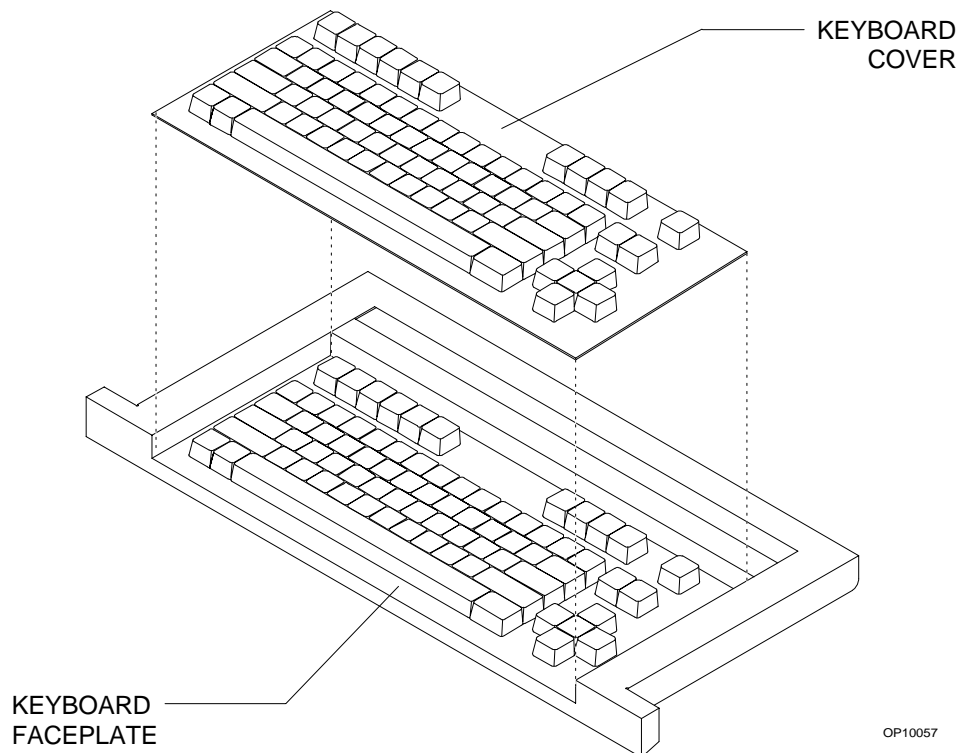
---

#### Replacing the Keyboard Cover

If the O.R. Data Manager keyboard cover becomes contaminated or damaged, it should be replaced.

To replace the keyboard cover:

1. Pull the keyboard tray out to its fully extended position.
2. Remove the contaminated or damaged keyboard cover from the keyboard faceplate by loosening the edges and pulling it away from the keyboard.
3. Clean any adhesive residue from the keyboard faceplate.
4. Remove the protective tape backing from the new shield to expose the adhesive surface.
5. Fit the new cover over the keys and press its adhesive perimeter firmly onto the keyboard faceplate. Verify that there are no gaps between the cover and the faceplate.



OP10057



## Section 6

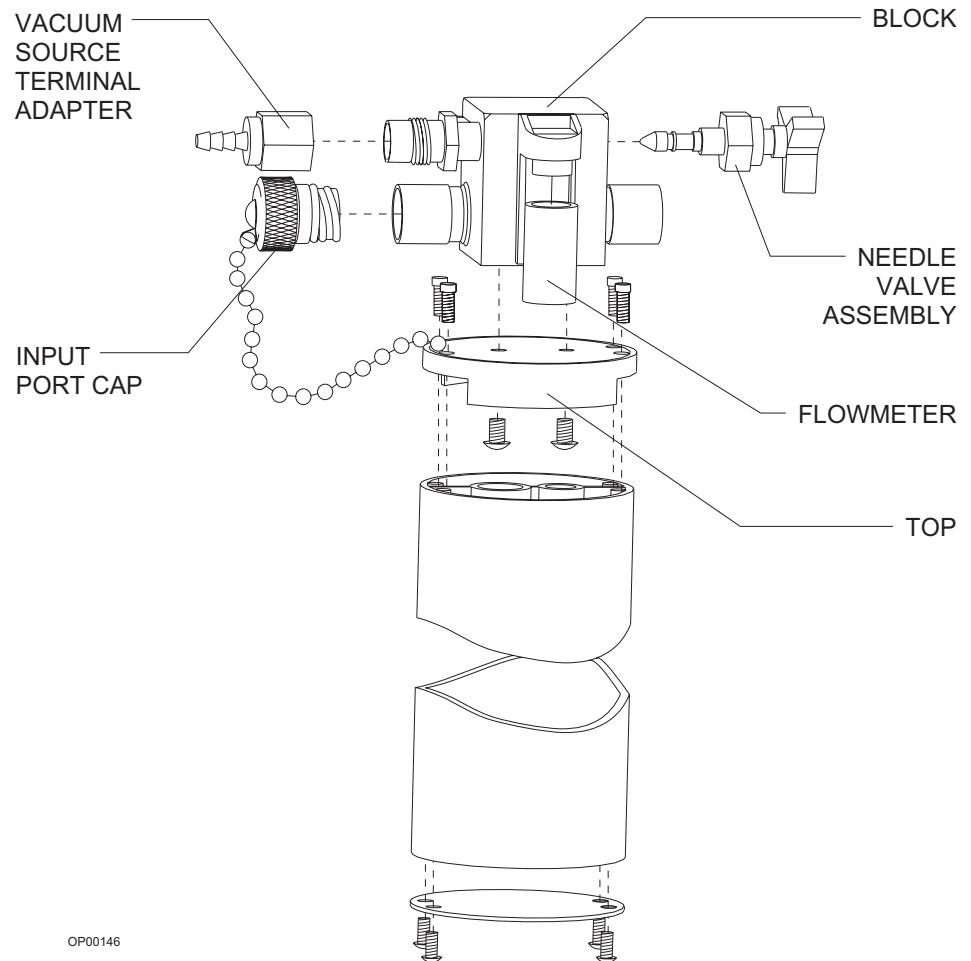
### Routine Maintenance and Cleaning

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#### Open Reservoir Scavenger Maintenance

The scavenger should be cleaned at least once every six months.

1. Clean the outer surface of the scavenger with a soft cloth moistened with mild detergent and water.
2. Remove and inspect all scavenger hoses for signs of deterioration. Replace any worn hoses.
3. If applicable, unscrew the wing nut until the needle valve assembly can be removed from its seat. Remove the nut and disassemble the valve. Inspect the needle valve and seat for lint or dust accumulation. Clean with compressed air, if necessary.



## Section 6

### Routine Maintenance and Cleaning

---

4. The flowmeter has a small port, located on its underside, that is open to the atmosphere. For the flowmeter to work properly, this port must remain open. Remove the flowmeter from the block and inspect this port. If it is blocked, clean it with compressed air.
5. Remove the reservoir canister from the scavenger body by unscrewing the four socket head cap screws located at the top of the canister.
6. Replace the cleaned needle valve assembly and reservoir canister. Verify that all parts are completely dry before reassembly.
7. Perform the open reservoir scavenger portion of the daily checkout procedure provided in "Daily Checkout."

#### Scavenger Interface for Passive Systems Maintenance

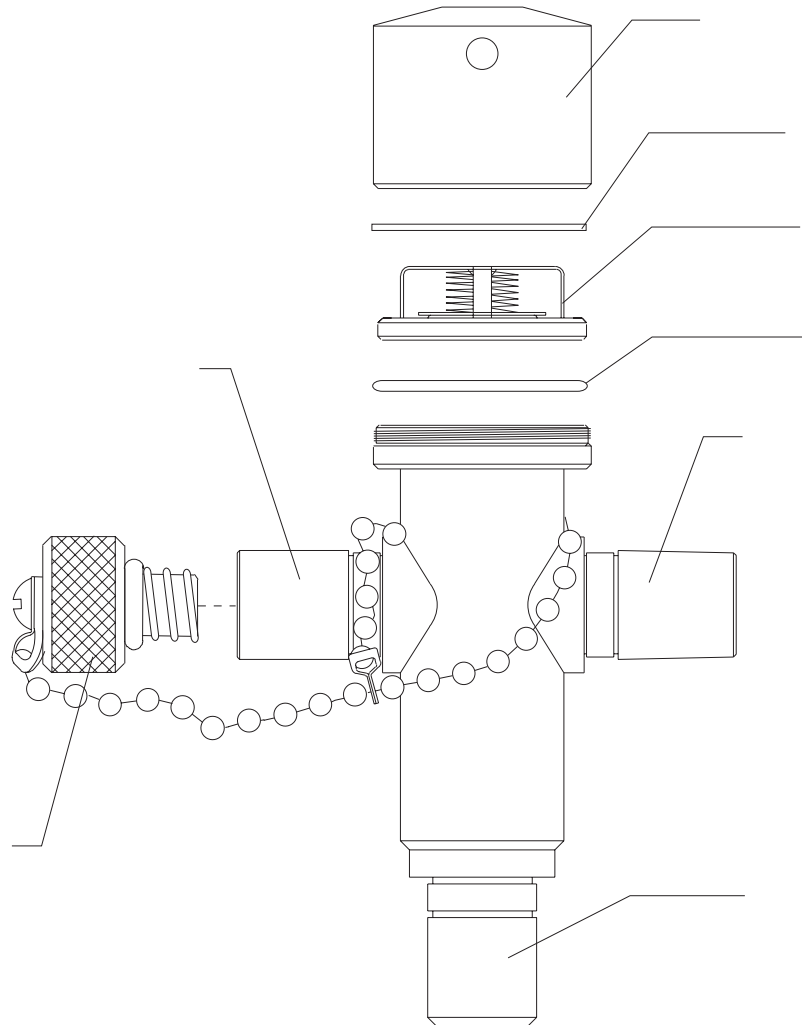
The scavenger should be cleaned at least once every six months.

1. Clean the scavenger body with a moist cloth.
2. Inspect all scavenger hoses for deterioration. Replace any worn hoses.
3. Remove the relief valve housing by unscrewing it counterclockwise.
4. Inspect the rubber o-ring. If it is worn, replace it.
5. Remove the relief valve by twisting it counterclockwise out of the housing. You can use the tips of a needle-nose pliers to turn the valve, but take care not to damage the relief valve's fragile valve disk.
6. Brush any accumulated lint or dust off the valve with a soft brush. The valve can be further cleaned with a low flow of clean air or oxygen.
7. Reinstall the valve into the housing, making sure that it is threaded all the way into the housing and that the plastic washer is properly seated on its upper surface.
8. Verify that the interior of the valve body is completely dry. Reinstall the valve housing onto the scavenger body, making sure that the o-ring is properly seated.
9. Perform the scavenger interface for passive systems portion of the daily checkout procedure provided in "Daily Checkout."

## Section 6

### Routine Maintenance and Cleaning

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OP00277

#### Manual Sphygmomanometer Maintenance

Under typical conditions, the only cleaning the manual sphygmomanometer requires is a wiping down with a liquid disinfection agent. However, if further disinfection is required, remove the sphygmomanometer gauge assembly, hoses, and blood pressure cuff from the anesthesia machine and sterilize them with ethylene oxide gas (cold cycle), followed by appropriate aeration according to the sterilizer manufacturer's instructions.

**NOTE:** Do not autoclave the gauge assembly; it cannot withstand the heat of autoclaving.

## Section 6

### Routine Maintenance and Cleaning

---

#### Removing Parts for Cleaning and Disinfection

1. Turn the SYSTEM POWER switch to STANDBY.
2. Disconnect the 22 mm breathing circuit hoses between the ventilator and the absorber and from the inspiratory valve and the expiratory hose terminal on the ultrasonic flow sensor. Remove the Y-piece, mask, and mask elbow from the hoses.
3. Disconnect the 19 mm scavenger hoses connecting the APL valve to the absorber pole and the ventilator relief valve to the scavenger.

**NOTE:** The scavenger interface generally does not need disinfection. However, if your facility requires a disinfection process for the scavenger interface and hoses, remove the scavenger and all 19 mm hoses. Refer back to the cleaning instructions under “Open Reservoir Scavenger Maintenance” or “Scavenger Interface for Passive Systems Maintenance” for disassembly instructions.

4. Remove the oxygen sensor assembly from the inspiratory valve, and disconnect the sensor cord from the system interface panel.
5. Disconnect the flow sensor cable from the system interface panel.
6. Remove the connector hose assembly between the flow sensor and the expiratory valve by turning the ring nut counterclockwise.
7. Lift the flow sensor off the bracket.
8. Disconnect the fresh gas hose from the fresh gas outlet.
9. Disconnect the breathing pressure pilot line from the absorber and the system interface panel.

## Section 6

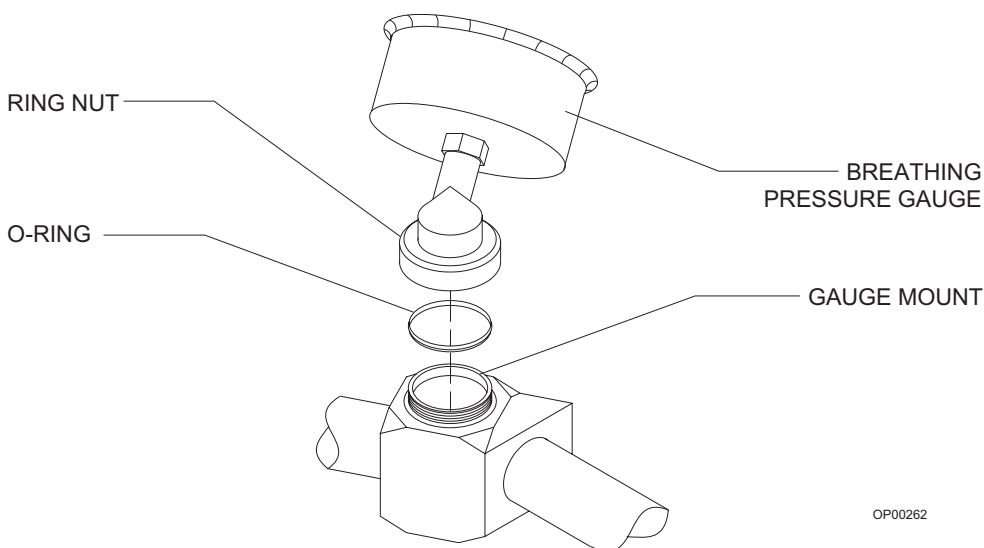
### Routine Maintenance and Cleaning

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10. Remove the absorbent canisters and dust cup. Discard the absorbent. Refer back to "Replacing the Absorbent" for instructions.

**WARNING:** Absorbent is caustic and a strong irritant to the eyes, skin, and respiratory tract. When removing the absorbent, take care not to spill its caustic contents.

11. Remove the inspiratory and expiratory valves by turning their ring nuts counterclockwise until the valves are free of the system.
12. Remove the pressure gauge by turning the knurled ring nut that connects the pressure gauge to the gauge mount counterclockwise. Lift the pressure gauge assembly off the gauge mount. Do not misplace the o-ring.



OP00262

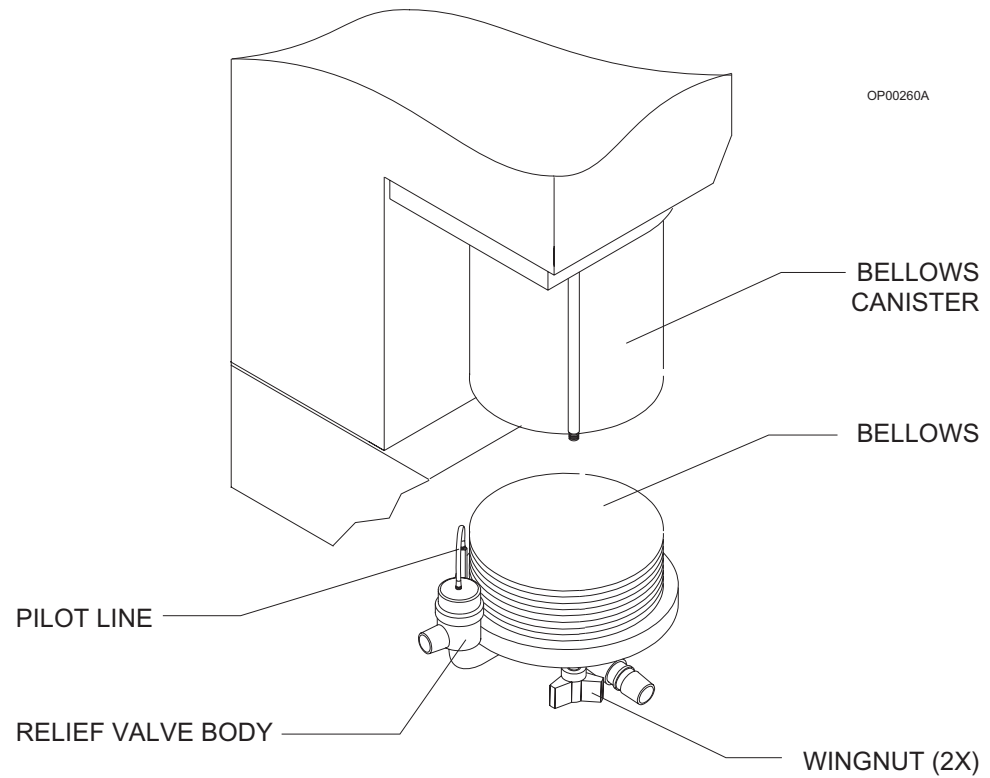
13. Remove the absorber using a 3/16-inch hex screwdriver to loosen the hex screw securing the absorber assembly to the absorber pole. Do not remove the screw. Lift the absorber off the absorber pole. Do not misplace the o-ring.

## Section 6

### Routine Maintenance and Cleaning

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14. Remove the bellows assembly by loosening the two wing nuts on the bottom of the assembly until the assembly releases from the canister.



## Section 6 Routine Maintenance and Cleaning

---

### Disassembling Parts for Cleaning and Disinfection

The following parts must be further disassembled for thorough cleaning and disinfection:

- oxygen sensor assembly
- respiratory sensor flow housing/transducer assembly
- ventilator bellows assembly
- inspiratory/expiratory valves

### Disassembling the Oxygen Sensor Assembly

Unscrew the cover from the sensor housing and remove the sensor capsule. Take care not to drop the sensor housed inside. The sensor is not connected to the housing.

### Disassembling the Flow Housing/ Transducer Assembly

1. Press down on the lever under the flow housing and pull the flow housing/transducer assembly out of the electronics housing.
2. Pull both transducers out of the flow housing.

### Disassembling the Ventilator Bellows Assembly

Remove the bellows from the ventilator bottom assembly by unscrewing it in a counterclockwise direction until it is released.

Unscrew the knurled ring nut around the ventilator relief valve and pull the relief valve dome and pilot line away from the relief valve body.

**CAUTION:** Take special care not to change the position of the adjustment lock ring on the ventilator relief valve dome. Do not attempt to loosen the knurled relief valve ring nut by twisting the pilot line hose barb.

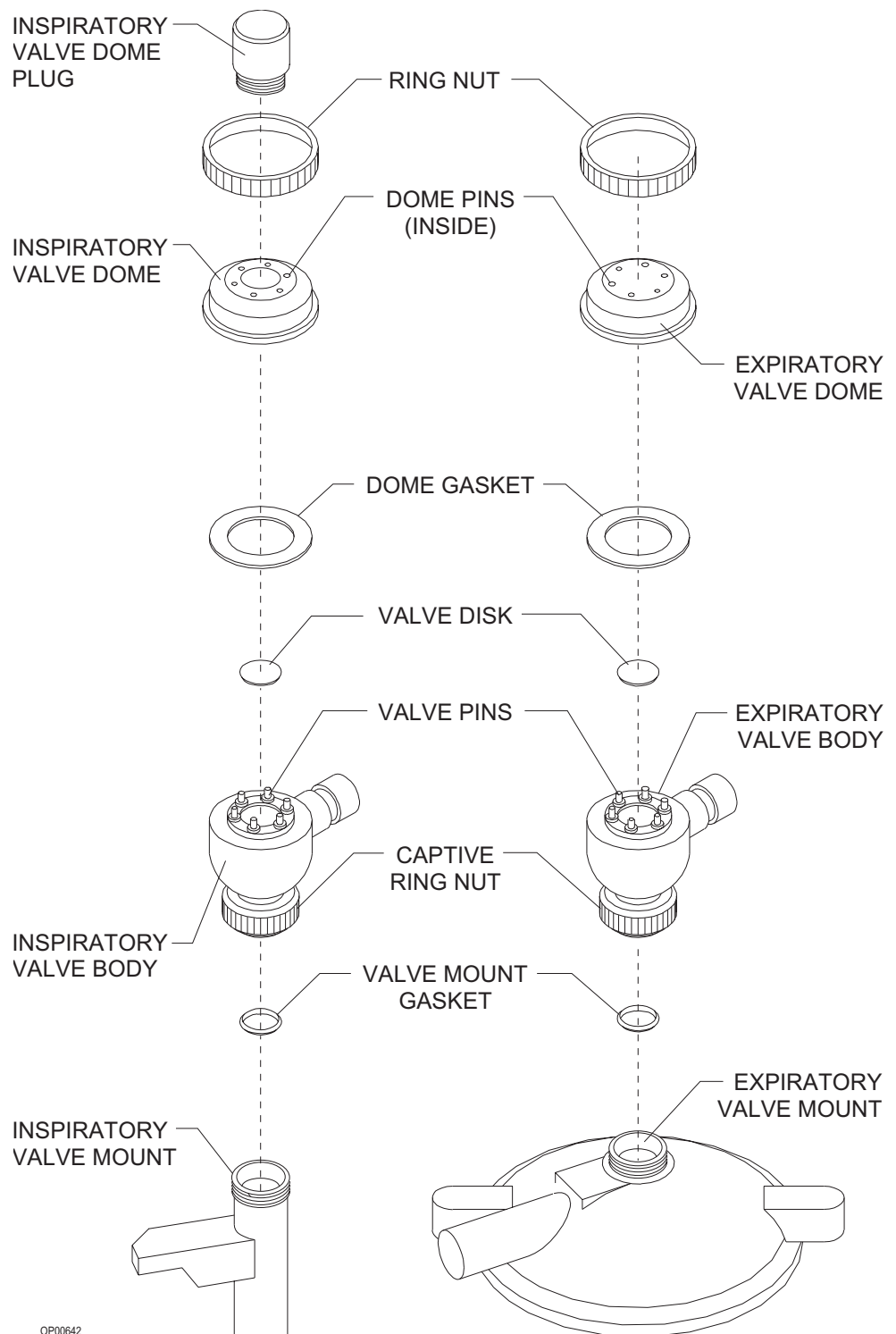
### Disassembling the Inspiratory and Expiratory Valves

1. Unscrew and remove the ring nut around the plastic valve dome.
2. Separate the plastic dome, dome gasket, and valve disk from the valve body.

## Section 6

### Routine Maintenance and Cleaning

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## Section 6

### Routine Maintenance and Cleaning

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#### General Guidelines for Cleaning and Disinfection

The frequency, level, and need for disinfection of the Narkomed 2C is determined by the user facility based on the conditions of use and hospital infection control policy. North American Dräger recommends using disposable patient breathing circuits that can be replaced after single use.

If disinfection is required, first clean, dry, and then disinfect the Narkomed 2C and its parts according to the guidelines provided in this chapter. Determining the need and frequency of cleaning or disinfecting any particular component is the responsibility of the user institution. These procedures should be performed according to procedures established by the user institution, following the specific instructions provided by the manufacturer of the equipment or agent used.

For additional information about infection control practice, refer to the *APIC Guideline for Selection and Use of Disinfectants*. This guideline was developed by the Association for Professionals in Infection Control and Epidemiology, Inc. and published in *AJIC* Vol. 24, No. 4 pp. 313-342, August 1996. The following table of recommended disinfection methods for the Narkomed 2C was adapted from the *APIC Guideline for Selection and Use of Disinfectants*.

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### Routine Maintenance and Cleaning

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Part	A	B	C	D	E	F
Exterior Painted, Plated, and Plastic Surfaces					x	x
Corrugated Breathing Hoses, Mask Elbow, and Breathing Bag	x	x	x	x		
Y-Piece and Mask		x	x	x		
Ventilator Bellows		x	x	x		
Ventilator Bellows Bottom Assembly		x				
Oxygen Sensor Capsule		x				
Oxygen Sensor Housing					x	x
Oxygen Sensor Housing Cover		x	x	x		
Inspiratory/Expiratory Valves	x	x	x	x		
Ultrasonic Flow Sensor Housing and Transducers	x					
Ultrasonic Flow Sensor Electronics Housing and Cable					x	x
Breathing Pressure Pilot Line		x				
Breathing System Pressure Gauge		x				
Absorber Canisters, Gaskets, and Dust Cup	x	x	x	x		
Vaporizer Exterior					x	x
Corrugated Scavenger Hoses (do not normally need disinfection)	x	x	x	x		
Open Reservoir Scavenger (does not normally need disinfection)		x			x	x
Passive Scavenger Interface (does not normally need disinfection)		x			x	x

- A Heat sterilization (autoclaving), including steam or hot air (use manufacturer's recommendations)
- B Ethylene oxide gas (use manufacturer's recommendations)
- C Glutaraldehyde-based formulations (2%)
- D Wet pasteurization at 70° C for 30 minutes after detergent cleaning
- E Sodium hypochlorite (5.2% household bleach) 1:500 dilution (100 ppm free chlorine)
- F Ethyl or isopropyl alcohol (70% to 90%)

## Section 6 Routine Maintenance and Cleaning

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**CAUTION:** To avoid damaging the Narkomed 2C:

- Do not use Betadine®, Povodine®, Sagrotan®, Mucocit®, acetone, ketone, xylene, or anesthetic agents for cleaning.
- Dilute cleaning agents before use by strictly following the manufacturer's instructions.
- Do not use abrasives such as steel wool, liquid abrasives, or powder abrasives on the machine.
- Do not let any liquid enter the interior of the machine.
- Do not submerge any part of the system, unless specifically instructed to do so in this manual.
- Do not pour or spray liquid directly on the machine during cleaning. Always moisten a soft-lint free cloth with the appropriate cleanser before applying it to the machine.
- Wipe any spills and cleanser off the equipment surfaces immediately.

Cleaning and  
Disinfecting  
Exterior Surfaces

Clean painted, plated, and plastic surfaces with a soft lint-free cloth moistened with mild detergent and water. Follow up with a 70% to 90% diluted solution of ethyl or isopropyl alcohol or sodium hypochlorite (5.2% household bleach) at 1:500 dilution (100 ppm chlorine).

**NOTE:** North American Dräger makes no claims about the efficacy of these agents or this method of cleaning for infection control. Consult your hospital's infection control officer or epidemiologist.

Cleaning and  
Disinfecting  
Corrugated  
Breathing Hoses,  
Mask Elbow, and  
Bag

Contact with oxygen, ether, mineral or vegetable oils, phenols, cresols, terpenes, hydrocarbon solvents, chlorinated hydrocarbons, esters, or oxidizing acids hastens the deterioration process for rubber goods.

Check the hoses, mask elbow, and breathing bag often for signs of deterioration, including swelling, tackiness, or cracking. Replace the affected parts when any of these conditions are evident.

Thoroughly clean rubber goods with mild alkali detergent and water before disinfecting them. Then, thoroughly rinse them with water to remove all detergent. To prevent water spots, use distilled or demineralized water. Avoid using hard-bristle brushes.

## Section 6

### Routine Maintenance and Cleaning

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Manufacturers of rubber goods recommend that reusable rubber goods be soaked in a liquid disinfection agent. Always follow the agent manufacturer's instructions for use.

**CAUTION:** Disinfectants containing phenol or phenyl compounds destroy rubber goods. Latex and rubber goods treated with disinfectants having a quaternary ammonium base will be damaged if subsequently autoclaved.

Use 2% glutaraldehyde-based formulations for more than 20 minutes or wet pasteurization at 70° C for 30 minutes after detergent cleaning.

Thoroughly rinse the corrugated hoses, mask elbow, and breathing bag after contact with chemicals. Use sterilized water to prevent contamination by tap water organisms. Thoroughly dry rubber goods before returning them to service.

The corrugated hoses, mask elbow, and breathing bag can be autoclaved at 121° C. However, such temperatures accelerate the natural aging of rubber goods. Autoclaved rubber goods can also harden over time as a result of the loss of softeners. Exposure to ozone or ultraviolet light also accelerates the natural aging of rubber goods. Reusable rubber goods can also be gas sterilized with ethylene oxide. After EtO sterilization, properly aerate rubber goods before returning them to service. Always follow manufacturer's instructions for these procedures.

**CAUTION:** Do not autoclave face masks. Autoclaving causes rapid deterioration of face mask cushions.

Cleaning and  
Disinfecting the  
Y-Piece and  
Mask

The Y-piece and mask can be disinfected by wiping or immersion with glutaraldehyde-based formulations. EtO and wet pasteurization processes can also be used.

Cleaning and  
Disinfecting the  
Ventilator Bellows

The ventilator bellows and its bottom assembly are the only ventilator components that come in contact with the patient's breath. Refer back to "Cleaning and Disinfecting Exterior Surfaces" for instructions on cleaning and disinfecting the surface of the ventilator bellows assembly.

Clean the bellows with a soft lint-free cloth moistened with mild alkali detergent and water, followed by a distilled water rinse. Let the bellows drip dry.

After cleaning, use wet pasteurization at 70°C for 30 minutes, a glutaraldehyde-based solution, or an EtO process to disinfect the ventilator bellows. Follow manufacturer's guidelines for these procedures.

## Section 6

### Routine Maintenance and Cleaning

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Cleaning and  
Disinfecting the  
Ventilator Bellows  
Bottom Assembly

Clean the ventilator bellows bottom assembly with a soft lint-free cloth moistened with mild detergent and water, followed by a distilled water rinse. Allow the assembly to drip dry.

After cleaning, use an EtO process for disinfection. Follow manufacturer's guidelines.

Cleaning and  
Disinfecting the  
Oxygen Sensor  
Capsule

Wipe the oxygen sensor capsule with a soft lint-free cloth moistened with mild detergent and water. Make sure the capsule is dry before replacing it.

**CAUTION:** Do not immerse or autoclave the oxygen sensor capsule.

After cleaning the capsule, perform an EtO process at a temperature not exceeding 50°C. Aerate the sensor according to the manufacturer's instructions.

Cleaning and  
Disinfecting the  
Oxygen Sensor  
Housing

The oxygen sensor housing can be immersed for cleaning and disinfection. Use mild detergent and water for cleaning. For disinfection, follow up with either sodium hypochlorite (5.2% household bleach) 1:500 dilution (100 ppm free chlorine) or 70% to 90% ethyl or isopropyl alcohol.

Cleaning and  
Disinfecting the  
Oxygen Sensor  
Housing Cover

The oxygen sensor housing cover can be immersed or wiped during cleaning and disinfection. Use mild detergent and water for cleaning. For disinfection, follow up with a 2% glutaraldehyde-based formulation, wet pasteurization at 70°C for 30 minutes, or an EtO process.

Cleaning and  
Disinfecting the  
Inspiratory and  
Expiratory Valves

The inspiratory and expiratory valves come into contact with the patient's breath. Clean these parts with soft lint-free cloth moistened with mild alkali detergent and water. Dry the parts before reassembling.

The valve assemblies can be immersed in a 2% glutaraldehyde-based solution, wet pasteurized, gas sterilized, or autoclaved at a temperature not exceeding 121° C. The valve disks can also be autoclaved in certain instances, but should not be autoclaved routinely.

Be careful while handling the valve disks. Improper handling can damage them. After cleaning or disinfecting the inspiratory or expiratory valve assembly, verify that the valve disk and all internal pins are undamaged and that the valve disks are correctly reinstalled.

## Section 6

### Routine Maintenance and Cleaning

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Cleaning and  
Disinfecting the  
Ultrasonic Flow  
Sensor Housing  
and Transducers

Wash the flow housing and transducers with mild detergent and water. Follow with a distilled water rinse. These components can be immersed.

The flow housing and transducers can be autoclaved at a temperature not exceeding 121°C. Follow the manufacturer's instructions for the process. Allow the transducers to normalize for 30 minutes under room ambient conditions before using them.

Cleaning and  
Disinfecting the  
Ultrasonic Flow  
Sensor  
Electronics  
Housing and  
Cable

Wipe the electronics housing and sensor cable with a clean, soft cloth moistened with mild detergent and water. Take care not to allow any fluid to access the interior of the electronics housing.

The electronics housing and sensor cable can be wiped with a clean, soft, lint-free cloth moistened with a 70% to 90% diluted solution of ethyl or isopropyl alcohol or sodium hypochlorite (5.2% household bleach) at 1:500 dilution (100 ppm chlorine).

**NOTE:** North American Dräger makes no claims about the efficacy of these agents or this method of cleaning for infection control. Consult your hospital's infection control officer or epidemiologist.

Cleaning and  
Disinfecting the  
Breathing System  
Pressure Gauge

Wipe the pressure gauge assembly with a soft lint-free cloth moistened with mild detergent and water. Dry the assembly before reinstalling.

The gauge can be disinfected with ethylene oxide gas, followed by appropriate aeration. Follow the manufacturer's instructions.

**CAUTION:** The breathing system pressure gauge cannot withstand immersion or the heat and pressure of autoclaving.

Cleaning and  
Disinfecting the  
Absorber Canister  
Assemblies and  
Dust Cup

Refer to the instructions provided earlier in this chapter under the heading, "Replacing the Absorbent" for instructions on removing the absorbent canister assemblies from the absorber.

Clean the canisters frequently. Remove used absorbent and clean absorbent residues for the canister and gasket surfaces. Check the dust cup periodically. Empty and clean it when necessary.

**WARNING:** Absorbent is caustic. Avoid contact with the skin and eyes.

After removing the canister assemblies and dust cup from the absorber system, wash these parts with mild alkali detergent and water. The canister assemblies and dust cup can be immersed or wiped with a soft lint-free cloth. Allow the parts to dry.

## Section 6

### Routine Maintenance and Cleaning

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Several methods can be used for disinfection. Wet pasteurization, autoclaving, EtO, and immersion or wiping with 2% glutaraldehyde-based solution are all acceptable. If an EtO process is used, make sure the parts are properly aerated before returning them to service.

#### Cleaning and Disinfecting the Absorber Assembly

Turn the APL valve control knob fully counterclockwise before cleaning or disinfecting the absorber system.

After cleaning, an EtO procedure can be used. Follow manufacturer's guidelines.

**CAUTION:** Do not autoclave the absorber assembly.

#### Cleaning and Disinfecting the Vaporizer Exterior

Clean the vaporizer with a soft lint-free cloth moistened with mild detergent and water. Follow up with a 70% to 90% diluted solution of ethyl or isopropyl alcohol or sodium hypochlorite (5.2% household bleach) at 1:500 dilution (100 ppm chlorine). Do not sterilize the vaporizer.

**WARNING:** Water and other liquids (with the exception of the appropriate anesthetic) that enter the vaporizer chamber can cause injury to the patient or form corrosive products that affect the function of the vaporizer.

**CAUTION:** Do not immerse the vaporizer or allow water or any other liquid to enter the fill or drain ports or fresh gas inlet or outlet ports. Any vaporizer suspected of contamination with water or any other liquid must be returned to North American Dräger's Technical Service Department for a complete overhaul.

Additional care must be taken with halothane vaporizers. Halothane contains a stabilization additive called thymol, which evaporates more slowly than halothane, and collects in the vaporizer. Over time, thymol may decompose into compounds that affect the wick material and turn the halothane yellow.

If you see particles in the sight glass of a halothane vaporizer, or if the halothane turns yellow, rinse the vaporizer chamber with fresh halothane as follows:

1. Drain the discolored halothane from the vaporizer.
2. Fill the vaporizer with fresh halothane up to the maximum level, then drain completely.
3. Dispose of the drained halothane in accordance with standard practices at your facility.

## Section 6

### Routine Maintenance and Cleaning

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For information about filling and draining the vaporizer, see Section 5, “Operation - Vaporizer.”

Cleaning and  
Disinfecting the  
Open Reservoir  
Scavenger

The scavenger interface does not normally need to be disinfected. However, if the user facility requires disinfection, an EtO process can be used after cleaning. Refer back to the cleaning instructions provided under the “Routine Maintenance” section in this chapter.

**CAUTION:** Do not autoclave the open reservoir scavenger. The scavenger’s flowmeter cannot withstand the heat of autoclaving.

Cleaning and  
Disinfecting the  
Passive  
Scavenger  
Interface

The scavenger interface does not normally need to be disinfected. However, if the user facility requires disinfection, an EtO process can be used after cleaning. Refer back to the cleaning instructions provided under the “Routine Maintenance” section in this chapter.

**CAUTION:** Do not autoclave the scavenger interface for passive systems. The scavenger’s relief valves cannot withstand the heat of autoclaving.

Disinfecting the  
Scavenger Hoses

The scavenger hoses are not part of the breathing circuit, so they do not require disinfection. If the user facility requires disinfection, refer back to the instructions provided in “Cleaning and Disinfecting Corrugated Breathing Hoses, Mask Elbow, and Bag” to select a compatible process.

Check the hoses frequently for signs of deterioration, including swelling, tackiness, or cracking. Replace the affected parts when any of these conditions are evident.

#### Reassembly Instructions

Make sure all parts are complete dry and adequately aerated before reassembling the machine after cleaning and disinfection procedures.

1. Reassemble the ventilator bellows assembly. Fit the relief valve dome onto the relief valve body, and tighten the knurled ring nut. Place the ventilator bellows on bellows bottom assembly and turn it clockwise until it is secure.
2. Replace the bellows assembly. Fit the bellows assembly into the ventilator bellows canister and tighten the two wing nuts.
3. Replace the absorber. Fit the absorber assembly on the absorber pole, making sure the o-ring is in place. Use a 3/16-inch hex screwdriver to tighten the hex screw securing the absorber system assembly to the absorber pole.



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### Routine Maintenance and Cleaning

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4. Replace the pressure gauge. Place the pressure gauge assembly on the gauge mount, making sure that the o-ring is in place between the pressure gauge assembly and the gauge mount. Slide the knurled ring nut over the threads on the gauge mount. Turn the knurled ring nut clockwise until it is secure. Check the gauge needle's zero position and adjust it if necessary.
5. Replace the canisters and dust cup, making sure the gaskets and o-ring are in place. Pull the canister lever up until it clicks in place.
6. Reassemble the inspiratory and expiratory valves. Place the valve disk and dome gasket in the valve body, then replace the dome and ring nut. Turn the ring nut clockwise to tighten.
7. Replace the inspiratory valve assembly and gasket on the valve mount. Turn the valve assembly clockwise to secure it to the valve mount.
8. Replace the expiratory valve assembly and gasket on the absorber. Turn the valve assembly clockwise to secure it to the absorber dome.
9. Reassemble the ultrasonic flow sensor. Press the transducers into their ports on the flow housing. Ensure that the three o-rings on each transducer are not damaged and are properly seated. Slide the flow housing/transducer assembly into the electronics housing. Be sure that it clicks into place.

**NOTE:** If the flow housing/transducer assembly does not fit easily into the electronics housing, make sure the flow housing is facing the right direction. Compare the direction to the illustration on the electronics housing. The index pin on the electronics housing should align with the hole in the flow housing.

10. Slide the flow sensor onto the bracket.
11. Connect the patient hose to the expiratory hose terminal on the flow sensor.
12. Install the connector hose assembly between the flow sensor and the expiratory valve, and secure it by turning the ring nut clockwise.
13. Connect the sensor cable to the volume sensor receptacle on the system interface panel.

## Section 6

### Routine Maintenance and Cleaning

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14. Replace the oxygen sensor in the inspiratory valve port. Connect the sensor cord to the system interface panel.
15. Connect the fresh gas hose to the fresh gas outlet on the machine.  
  
**WARNING:** Do not pinch or kink the fresh gas hose leading from the fresh gas outlet to the absorber.
16. Reconnect the breathing pressure pilot line to the absorber and the system interface panel.
17. Replace the 22 mm hoses and other breathing circuit accessories.
18. Replace the 19 mm hose that connects the APL valve to the absorber pole.
19. Replace the 19 mm hoses that connect ventilator relief valve and absorber pole to the scavenger as illustrated in the following drawings. If the scavenger hoses were removed from the scavenger, replace the scavenger hoses as illustrated on the following pages.
20. Turn the SYSTEM POWER switch to ON.
21. Perform the daily checkout procedure provided in this manual before operating the machine.

## Section 6

### Routine Maintenance and Cleaning

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Open Reservoir  
Scavenger  
Connections

VENTILATOR  
RELIEF VALVE  
19MM SCAVENGER  
HOSE TERMINAL

APL VALVE

ABSORBER  
POLE

OP00143B

19MM SCAVENGER  
HOSE

19MM SCAVENGER  
HOSE

VACUUM TERMINAL

19MM SCAVENGER  
HOSE TERMINAL

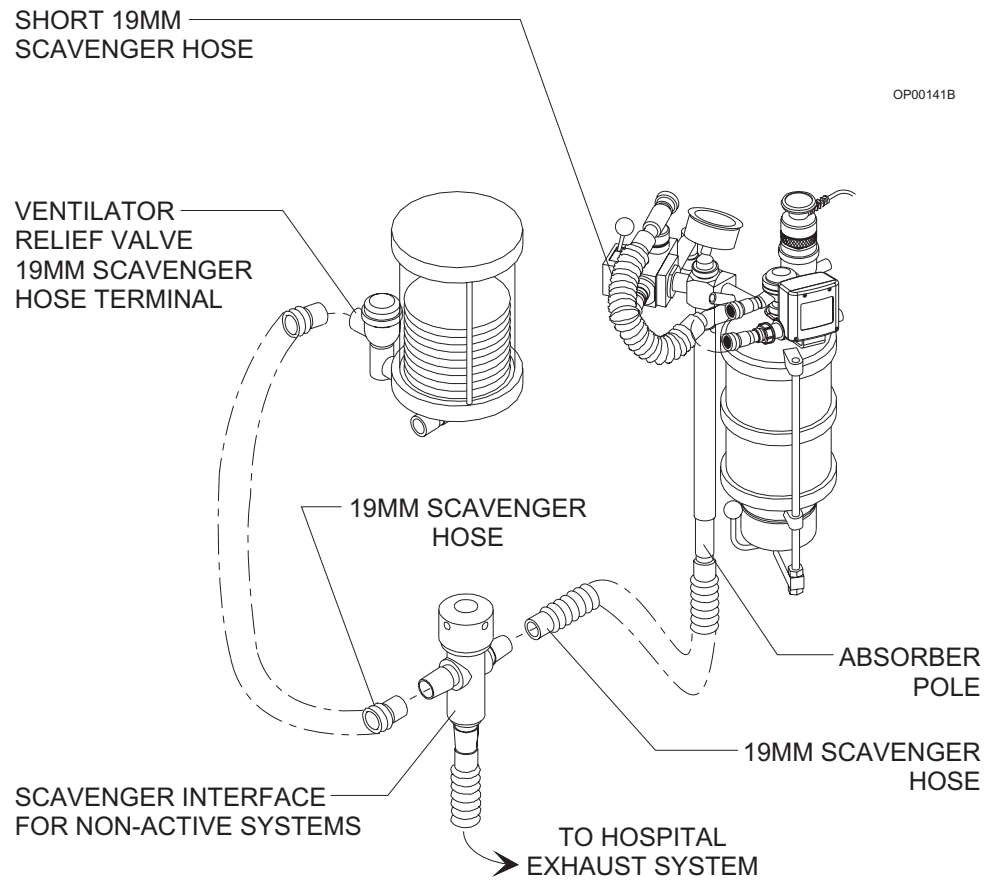
OPEN RESERVOIR  
SCAVENGER

## Section 6

### Routine Maintenance and Cleaning

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#### Passive System Scavenger Connections



## Section 7

### Specifications

<b>General</b>	Dimensions (approximate) (W x H x D) . . . . . 40 x 56 1/4 x 27 inches Weight (approximate) . . . . . 425 lbs
<b>Environmental</b>	
Storage	Temperature . . . . . -10–60°C Humidity . . . . . 10–90% relative humidity (noncondensing)
Operating	Temperature . . . . . 15–40°C Humidity . . . . . 30–75% relative humidity (noncondensing)
<b>Electrical</b>	Equipment class . . . . . IEC 601 Class 1, Type B Leakage current . . . . . ≤ 100 microamps Ground impedance . . . . . ≤ 0.1 ohm (60 Hz source) Dielectric withstand . . . . . ≥ 1500 VAC (per UL 544) Chassis resistance (between any metallic point and ground pin on power cord) . . . . . ≤ 0.1 ohm
117 Volt Power Supply	Primary input voltage (acceptable range) . . . . . 100–120 VAC @ 50/60 Hz Primary input current . . . . . ≤ 10 amps (RMS total) ≤ 3 amps (machine) ≤ 7 amps (receptacles)
220/240 Volt Power Supply	Primary input voltage (acceptable range) . . . . . 200–240 VAC @ 50/60 Hz Primary input current . . . . . ≤ 1.5 amp (RMS total)
Backup Battery	Charging time . . . . . ≤ 12 hours Reserve power time (from full charge) . . . . . ≥ 30 min
<b>Gas Delivery System</b>	Pipeline inlet connections . . . . . DISS/male Nut with nipple (Canada) Pipeline inlet pressure . . . . . 50–55 psi (345–380 kPa) (O <sub>2</sub> , N <sub>2</sub> O, Air) Pipeline gauge accuracy . . . . . ±3 psi (0–25 psi) ±2 psi (25–75 psi) ±3 psi (75–100 psi) Cylinder connections . . . . . Pin-indexed hanger yokes (CGA V-1-1994) Over pressure relief valve . . . . . 95 psi (655 kPa) Over pressure relief valve (Canada) . . . . . 75 psi (520 kPa) (CSA Standard Z168.3-M84)

## Section 7 Specifications

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Fresh gas common outlet	15 mm female (Canada: 15 mm female, 22 mm male)
Fresh gas oxygen concentration (ORC)	25 ±4%
Oxygen flush flow rate	55 (±10) l/min
Minimum oxygen flow (at 50 psi pipeline pressure)	150 ±50 ml/min
Low oxygen supply pressure alarm	34–40 psi
Cylinder gauge accuracy	±90 psi (0–750 psi) ±60 psi (750–2250 psi) ±90 psi (2250–3000 psi)

Cylinder Gas  
Pressures  
(typical full loads  
at 70°F, 21°C)

Oxygen, Air	1900 psi (13100 kPa)
Nitrous oxide	745 psi (5130 kPa)
Carbon dioxide	838 psi (5770 kPa)

Flowmeter  
Accuracy  
(at 20°C and  
760 mmHg)

Oxygen, Nitrous Oxide, Air (Fine)	100–1000 ml/min ±2.5% FS
Oxygen, Nitrous Oxide, Air (Coarse)	1–10 l/min ±2.5% FS
Air (Dual Tapered)	0.2–1 l/min ± 50 ml of reading 2–10 l/min ±5% FS
Carbon Dioxide	0.05–1.0 l/min ±5% FS
Oxygen, Nitrous Oxide (Fine) (Optional, Low-Flow)	20–500 ml/min ±2.5% FS
Oxygen, Nitrous Oxide (Coarse) (Optional, Low-Flow)	0.6–10 l/min ±2.5% FS @ >1 l/min ± 15% of reading @ <1 l/min
Oxygen (Auxiliary Oxygen)	0–10 l/min ±5% FS

**Vaporizers  
(Vapor 19.1)**

Temperature Range	+15–35°C (at normal atmospheric pressure of 760 mmHg)
Flow Range	0.25–15 l/min
Maximum Pressure Load	150 mmHg (above atmospheric)
Maximum Angle of Inclination	45°
Weight	Approximately 7.5 kg

The following values refer to individual concentration settings when operated with a continuous flow of air in the range 0.25–15 l/min, temperature at 22°C, and normal atmospheric pressure (760 mmHg).

Halothane

Adjustment range	0.2–5 vol%
Accuracy	± 0.15% concentration (volume) or ± 15% (whichever is higher)

## Section 7

### Specifications

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Enflurane	Adjustment range . . . . . 0.3–7 vol%
	Accuracy . . . . . $\pm 0.2\%$ concentration (volume) <b>or</b> $\pm 20\%$ (whichever is higher) <b>or</b> $+ 20\%/- 30\%$ with flow settings 6.0–15 l/min and handwheel settings higher than 5.0% volume concentration
Isoflurane	Adjustment range . . . . . 0.2–5 vol%
	Accuracy . . . . . $\pm 0.15\%$ concentration (volume) <b>or</b> $\pm 15\%$ (whichever is higher)
Sevoflurane	Adjustment range . . . . . 0.3–8 vol%
	Accuracy . . . . . $\pm 0.2\%$ concentration (volume) <b>or</b> $\pm 20\%$ (whichever is higher)
<b>Ventilator AV2+</b>	Frequency . . . . . 1–99, $\pm 1$ BPM (in 1 BPM increments)
	I:E ratio . . . . . <i>Standard range:</i> 1:1–1:4.5, $\pm 0.1$ (in increments of 0.5); <i>Extended range:</i> 4:1, 3:1, 2:1
	Inspiratory flow . . . . . 10–100 l/min (uncalibrated)
	Tidal volume . . . . . 20–1500 ml, $\pm 100$ ml
	Pressure limit control adjustment range . . . . . 15–120 cmH <sub>2</sub> O
<b>Absorber System</b>	
Inspiratory Valve	Mounting ring nut size . . . . . M35 x 1
	Hose terminal . . . . . 22 mm male
Expiratory Valve	Mounting ring nut size . . . . . M33 x 1
	Hose terminal . . . . . 22 mm male
PEEP Valve (optional)	Range . . . . . approx. 2–15 cmH <sub>2</sub> O (continuously adjustable)
Breathing System Pressure Gauge	Range . . . . . -20 to +80 cmH <sub>2</sub> O
	Smallest scale division . . . . . 2 cmH <sub>2</sub> O
	Nominal accuracy . . . . . -20 to +5 cmH <sub>2</sub> O: 3% FS +5 to +55 cmH <sub>2</sub> O: 2% FS +55 to +80 cmH <sub>2</sub> O: 3% FS
	Mounting ring nut size . . . . . 1 1/8 x 18
APL Valve	Nominal low flow resistance . . . . . 2 cmH <sub>2</sub> O at 8 l/min
	Hose terminal . . . . . 19 mm male
Breathing Bag Terminal	Bag terminal . . . . . 22 mm male

## Section 7 Specifications

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<b>Oxygen Monitoring</b>	Range . . . . .	10–100 vol% O <sub>2</sub>
	Resolution . . . . .	1 vol% O <sub>2</sub>
	Accuracy . . . . .	±3 vol% O <sub>2</sub>
		(When calibrated within 18 hours, and constant temperature and pressure)
	Response time . . . . .	≤ 25 sec (T90)
	Zero drift . . . . .	≤ 0.1 vol % O <sub>2</sub> /month
	Span drift . . . . .	≤ 1 vol % O <sub>2</sub> /8 hours
	Temperature error . . . . .	≤ ± 3% of reading (15° to 40°C)
	Sensor service life . . . . .	≥8 months at 25°C, 50% relative humidity, 50% O <sub>2</sub> gas mixture (or ≥5000% hour CO <sub>2</sub> )
<b>Breathing Pressure Monitoring</b>	Numeric display range . . . . .	-10–125 cmH <sub>2</sub> O
	Resolution . . . . .	1 cmH <sub>2</sub> O
	Accuracy . . . . .	±3 cmH <sub>2</sub> O or ±10% of reading, whichever is greater
	Waveform display range - full . . . . .	0–100 cmH <sub>2</sub> O
	Waveform resolution . . . . .	1 cmH <sub>2</sub> O
	Waveform accuracy . . . . .	±3 cmH <sub>2</sub> O or ±10% of reading, whichever is greater
	Waveform display scales . . . . .	0–20, 0–50, 0–100 cmH <sub>2</sub> O
<b>Respiratory Volume Monitoring</b>		
Minute Volume	Display Range . . . . .	0.1–50.0 l
	Resolution . . . . .	0.1 l
	Accuracy . . . . .	10% of reading or 0.01 l x breath rate, whichever is greater*
Tidal Volume	Display Range . . . . .	0.01–2.0 l
	(Note: the standard bellows will deliver up to 1.5 l)	
	Resolution . . . . .	0.01 l
	Accuracy . . . . .	10% of reading or 0.015 l, whichever is greater*
Respiratory Rate	Volume Apnea Threshold . . . . .	0.02 l
	Numeric display range . . . . .	2–99 bpm
	Resolution . . . . .	1 bpm
	Accuracy . . . . .	±10% of reading or 1 bpm, whichever is greater

\*exclusive of hose compliance effects



## Section 7 Specifications

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### Serial Interface

Serial Ports	Type . . . . . RS-232C (ports A and B) (port C reserved for external printer, Hewlett-Packard PCL4)
	Baud Rate . . . . . 300, 600, 1200, 2400 4800, 9600, 19.2K, 38.4K
	Parity . . . . . Odd, Even, None
	Data Bits . . . . . 7 or 8
	Stop Bits . . . . . 1 or 2
	Protocols . . . . . Vitalink, OR/Link ( optional protocols: Hewlett-Packard MECIF Marquette TramNet SpaceLabs DataLogger Datex AS/3, CARDIOCAP, and CAPNOMAC Criticare Poet IQ and 1100 Datascope Multinex, Passport, and Point-of-View Siemens SIRECUST Puritan-Bennett Colin BP-508 Criticon DINAMAP Nellcor N-1000 and N-2500 Ohmeda Rascal and RGM )

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## Appendix

### Spare and Replacement Parts

	Description	Part Number
<b>Manuals</b>	Narkomed 2C Operator's Instruction Manual . . . . .	4112260-001
	Narkomed 2C Technical Service Manual . . . . .	4112817-003
<b>Absorber System</b>	Gasket - Canister Top . . . . .	4105848
	Gasket - Canister Bottom . . . . .	4105849
	Gasket - Absorber Bottom . . . . .	1101001
	Screen - Canister . . . . .	1100022
	Canister . . . . .	4105852
	Breathing Pressure Gauge Assembly . . . . .	4105853
	PEEP Bypass . . . . .	4110300
	Dome - Inspiratory/Expiratory Valve (without port) . . . . .	2109230
	Dome - Inspiratory Valve (with sensor port) . . . . .	4108329
	Plug Assembly - (for inspiratory valve dome with sensor port) . . . . .	4106837
	Valve Assembly - Inspiratory (with ported dome assembly and plug assembly) . . . . .	4107649
	Valve Assembly - Expiratory . . . . .	4107650
	Ring Nut (inspiratory or expiratory valve upper ring nut) . . . . .	2109228
	Gasket (flat washer, inspiratory or expiratory valve mount) . . . . .	1101690
	Dust Cup . . . . .	4106874
	Spring Clip (absorber rod) . . . . .	1100097
	Hose Assembly (patient pressure/Luer) . . . . .	4108528
	O-ring #020, Silicone (absorber mount) . . . . .	4105868
	O-ring #237, Silicone (dust cup fitting) . . . . .	4102940
<b>Breathing System</b>	Breathing Hose, 22 mm x 23" long . . . . .	9995123
<b>Accessories</b>	Breathing Hose, 22 mm x 32" long . . . . .	9995132
	Breathing Hose, 22 mm x 40" long . . . . .	9995140
	Rubber Good Set (includes Y-Piece, Mask Elbow, 2 Liter Breathing Bag, and 2 each 32" Breathing Hoses) . . . . .	1101071
<b>Gas Evacuation</b>	Hose, 19 mm x 10" long . . . . .	9995210
<b>Accessories</b>	Hose, 19 mm x 20" long . . . . .	9995220
	Hose, 19 mm x 30" long . . . . .	9995230
	Hose, 19 mm x 48" long . . . . .	9995248
<b>Breathing Bags</b>	2.0 liter . . . . .	9995320
	5.0 liter . . . . .	9995350
<b>Vaporizers</b>	Mounting screws (4 x 30 metric) . . . . .	HW01072
<b>19.1</b>	O-rings . . . . .	2121929
	Cover assembly vapor block (short circuit block) . . . . .	4104530

## Appendix

### Spare and Replacement Parts

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<b>Bellows</b>	Adult Latex-Free Bellows (replacement bellows) . . . . .	4106930-001
	Pediatric Bellows . . . . .	4109700
<b>Oxygen Monitoring Accessories</b>	Oxygen Sensor Capsule . . . . .	6850645
	Sensor Housing & Cable Assembly . . . . .	4106363
	Inspiratory Valve Dome . . . . .	4108329
	Inspiratory Valve Dome Plug . . . . .	4106387
<b>Breathing Pressure Monitoring Accessories</b>	Breathing Pressure Pilot Line (to absorber) . . . . .	4109368
	Breathing Pressure Pilot Line (with Luer to Y-piece) . . . . .	4108528
<b>Respiratory Volume Monitoring Accessories</b>	Flow Sensor Assembly . . . . .	4115754
	Connector Hose Assembly . . . . .	4114912
	Flow Housing . . . . .	4114444
	Transducer Set . . . . .	4114445
	O-ring Set . . . . .	4115147
<b>Communication Cables</b>	DB9/DB9/2.5 ft for use with Vitalink . . . . .	4110328
	DB9/DB25/8 ft for use with Hewlett-Packard MECIF . . . . .	4112318
	DB9/DB25/8 ft for use with SpaceLabs DataLogger . . . . .	4112349
	DB9/DB25/8 ft for use with Marquette TramNet . . . . .	4112442
	DB9/DB9/8 ft for use with Marquette Tramscope . . . . .	4113117
	DB9/DB9/8 ft for use with Datex AS/3 . . . . .	4112477
	DB9/DB25/8 ft for use with Datex CARDIOCAP and CAPNOMAC . . . . .	4113314
	DB9/DB25/8 ft for use with Criticare Poet IQ . . . . .	4112318-002
	DB9/DB9/8 ft for use with Criticare 1100 . . . . .	4110328-003
	DB9/DB25/8 ft for use with Datascope Multinex . . . . .	4113142
	DB9/SDL/8 ft for use with Datascope Passport and Point-of-View . . . . .	4113242-002
	DB9/SDL/8 ft for use with Siemens SIRECUST . . . . .	4113242-001
	DB9/DB25/8 ft for use with Puritan-Bennett . . . . .	4113142-001
	DB9/DIN/8 ft for use with Colin BP-508 . . . . .	4113241
	DB9/DB25/8 ft for use with Criticon Dinamap . . . . .	4113142-002
	DB9/DB9/8 ft for use with Nellcor N-1000 and N-2500 . . . . .	4113503
	DB9/DB9/8 ft for use with Ohmeda RGM . . . . .	4113566
	DB9/DB25/8 ft for use with Ohmeda Rascal . . . . .	4112318-003
<b>O.R. Data Manager</b>	Laser Printer . . . . .	4111380
	Printer Cable (8 feet) . . . . .	4110568
	Printer Cable (50 feet) . . . . .	4111626
	Floppy Disk (3.5"/pkg of 10) . . . . .	4111462

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